Tomerol Trand 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be(exerced) within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Be should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 30M REV. 1/68

3) 06414

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	THE PARTY OF THE P	100			0. 52					
	CEASED-NAME ope or print) Ja	First M. Abra	Middle Amo		Lost	2a.	DATE OF DEATH Month	Doy	Year C	2b. HOUR 7 433 PN
3. SEX	(4. RACE			S. DATE OF BIRTH		6. IGE (In	yeors IF	UNDER I YEAR	IF UNDER 24 HRS.
	Female	White			7/15/23		45 birth	doy) YRS. MC	NTHS DAYS	HOURS MIN
70. BI	RTHPLACE (Stote or foreign	7b. CITIZEN OF WE	IAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. CO	UNTY OF DEATH			
caunt	(y) Virginia	U.S. A		WIDOWED		Ba	ltimore			Md
10. CI	TY OR TOWN OF DEATH	11. N/	ME OF HOSPITAL OR IN	ISTITUTION (If n	ot in hospital 120		UPATION (Kind of w			F BUSINESS OR
Re	eisterstown	9143	ogradien)ly	Hill Ro	ad	Balesi	working life, even if	refired.)	Retai	il
13o. l	JSUAL RESIDENCE (Where d	Lant continues				DE CITY LIMITS?	13e. STREET AND N			
damis	sian) STATE Md.	13b. COUNTY	Balto.	Reiste		- 35	308 Hol	ly "il.	1 Road	d
14. FA	ATHER'S NAME First Earl Witt	Middle	Last	15	. Mojher's maiden n Nina	AME First		Middle		Lost
	WAS DECEASED EVER IN U.S		16b. SOCIAL SECURITY	NO. 17. I	NFORMANT			Address		
ne	s, no, or unknown) (If yes	s give war ar dates of service)	214-14-06	520 M	fr. Don S.	Abram	0.308 Hol	ly Hil	Rd.	21136
T	18. CAUSE OF DEATH (Ent	er only one couse per lin			Λ				APPROX	CIMATE INTERVAL ONSET AND DEATH
	PART 1. DEATH WAS C	AUSED BY:	Carcin		- Oxl	A-)	a mets	+	BETWEEN	DRISET AND DEATH
	1528 IM	MEDIATE CAUSE (a)	S A CONSEQUENCE OF			OP-	C / / 1	Mary Mary		
	Conditions, if ony, which g	ove)	S A CONSEQUENCE OF							
	rise to immediate couse stoting the underlying co		S A CONSEQUENCE OF							
	lost.	(c)								
t	PART 2. OTHER SIGNIFICAN		TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEAS	SE OR CONDIT	ION GIVEN IN PART 1	(o)		
Z										
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?		20b. IF YES, WERE		SIDERED IN C	CERTIFYING
E I					YES 🔲	NO 🔯	CAUSES OF DEATH?			
	21a. ACCIDENT WAS UNDE				OW INJURY OCCURRED	(Enter natur	re of injury in Part 1	or Part 2, Iter	n 18.)	
	OR CONTRIBUTING CAUSE C (If either, natify medical e	xominer) P.M.	1	9						
	21d. INJURY OCCURRED	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FA	ACTORY,) 21f. LO	OCATION Street or R.F.	.D. Na.	City or Town		County	Stote
9	at work of work	The State of the S			() (1		Car		1	
	22a. I certify that (1)	(this hospital) atte	ended the deceas	ed from_	youl,		ta May	2, 196	, that	t (I) (we) last
	saw the decease causes stated a	ed alive an 2014 bave, (I) (146) (did)	(did not) view the	bady after	d/that in (my) (au death.	r) apinian	death accurred o	in the date	and haur	and fram the
	22b SIGNATURE	101,1,01) MAEGI	REE PHYS.	MED.	STAFF PHYS.	22c DA	E SIGNED	19/9
	22d. PHYSICIAN'S	Mill	lamo	J. M.	22e. ADDRESS	DIRECTO	ж — гптэ.	-1/6	My X	,1181
	NAME /T	Me. Will:	iams		11904 Re	eister	town Road	. 2113	B	
23a.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23d.	LOCATION (City or 1		(County)	(State)
Bu	REMOVAL (Specify)	5/6/69	New Ca	athedra	al Cemeter	y Ba	ltimore,	Md.		
24. F	FUNERAL DIRECTOR		ADDRES:	S	2Sa. R	REC'D BY REG	ISTRAR 2Sb. R	EGISTRAR'S SIG	NATURE	4.0
Wi	tzke, 4101 1	Edmondson A	ve., 2122	9	DATE	MAY	6 1969	gelia	MAD Y	mage

CESSEN CONTRACTOR CONTRACTOR OF THE CONTRACTOR O The tile is a Linguist High ething Table plant of the Cartes and the contract of the contr PM3. Poge

in pencil in Item 18. Give Poges 1

This certificate should be executed within 24 hours ofter death

06415

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06412

	""		MEDICA	AL EXAM	INER'S C	ERTIFICAT	E OF DE	ATH		/	0 0	XIA	,
	ECEASED-NAME (ype ar Print)	Adam First		Midd	le	Abramow	ski		2a. DATE KNOWN OF ESTI- DEATH MATED	- m	Day 8	Year 1969	3P M
3. SE	x [ale	4. RACE White	5. DATE OF BIRT March 2		6. AGE (In years last birthday) 68 y R	MONTHS DAYS		24 HRS MIN.	2c. DATE PRONOU Month	NCED DEAD	Y€	ear 19 69	2d. HOUR
	BIRTHPLACE (Stot try) Polar		U. S.			ARRIED THEVER A	MARRIED	9. CO U	Baltimo	re			Mo
	ITY OR TOWN O	2	giv <u>1</u> 8	ordy Mak	well Av				CUPATION (Kind a f warking life, eve		12b. KI INDUST	IND OF BUSI TRY	NESS OR
13a. ac	USUAL RESIDEN Imissian) MAT	CE (Where deceased yland	lived, if institut	ian: Residence timore		y or town	13d. INSIDE CITY I		13e. STREET AND 1807 Ma		Ave	•	
14. F	ATHER'S NAME Ji	lius	Middle	Abramo		IS. MOTHER'S M			ianna	Middle		Ulko	
16a. V	WAS DECEASED EV es, na, or unknav O	VER IN U.S. ARMED FO Wn) (If yes give wo		16b. SOCIAL SECT 218-36-		17. INFORMANT Mrs. Ev			ski, 1807	odress Dur 7 Maxwe			
	Canditians, if or rise to immediate the unless.	any, which gave diate cause (a), nderlying cause	DUE TO, OR A (b) DUE TO, OR A (c)	A - S	NCE OF		olis						
N	PART 2. OTHER	SIGNIFICANT CONDIT				77	. DISEASE OR (CONDITIO	ON GIVEN IN PART	i(a)			
CERTIFICATION	19a. DATE OF (OPERATION		19b. CONDITION WAS PERF	OR WHICH O	PERATION					2	20. AUTOPSY	? NO 29
MEDICAL CER	21a. EXTERNAL PRIMARY 0 CAUSE OF DEAT	R CONTRIBUTING			dy, Yedr	2Tc. HOW INJURY	OCCURRED (En	nter natu	ire af injury in Part	1 ar Part 2, I	tem 18.))	
ME	21d. INJURY OC WHILE AT WORK		ACE OF INJURY (A ary, affice building		treet,	21f. LOCATION Stre	et ar R.F.D. Na.		City ar Tawn		Caur	nty	State
23a.	220. I death re	certify that I too esulted from: Melvin I VION, 235. E	Natural cause 3. Davis DATE	es X, Ac	ccident,	Suicide ,	Homicid CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA ADDRESS(Street	EXAMINI CAL EXAMI City, to 23d.	AMINER 680 INER 680 IWN, ar caunty) I	22b. DATE 00 Morn 0 undalk	signed ning	d. 21:	/69 oad 222
24. Jo	REMOVAL (Specific Burial FUNERAL DIRECT PUNERAL PUNERA PUNERAL PUNERAL PUNERAL PUNERAL PUNERAL PUNERAL PUNERAL PUNERAL PUNER		/12/69 2 Wise A		ADDRESS	heran Ch Md.	2So. REC'I	D BY REG	GISTRAR 2Sb	Baltimo REGISTRAR'S	SIGNATI	LIRE	1

DATMAY 1

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of

Health prior to burial, cremation, or removal, and in any event within 72 hours

offer death.

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office-along with form

necessory, please execute the certificate, writing the word "pending"

DICAL EXAMINER:

TO DEPUTY

V Seran Wall	HI TO STATE	TO PROPERTY.		(*)
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100 100				

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06416 06413 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR executed within 24 haurs after death Month 21 (Type or print) 69 Year Leonard Guv Ackley 7:20AM 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthdoy) HOURS 11/3/10 Male Caucasian I campletely filled in by mave carbon papers. P ny event, within 72 haur 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Penna. USA WIDOWED [DIVORCED [Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Creater Balto. Med. Center during most of working life, even if retired.) INDUSTRY Towson 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO Green Pike remave Long GlenArm any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Lost Last requires that the death certificate be and attending physician permit. Then please 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN ILS. ARMED FORCES? 17. INFORMANT Address (If yes give war ar dates of service) Yes, no. or unknown) or remayal, 155 05 5535 family records ne APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of the pancreas IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t f Health priar to b this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work O FUNERAL DIRECTOR: After 5/17 22a. I certify that (1) (this haspital) attended the deceased fram___ 19.69 ta 69, that (1) (we) last 5/21 19 69, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive on____ O HOSPITAL OR ATTEND Page 4 may be retained shauld causes stated abaya, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 5/21/69 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Rudiger Breitenecker, M.D. 6701 North Charles Street directar, shaul 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) buryal (Specify) 24 69 Baltimore County, Parkwood

8802

VR A15

25b. REGISTRAR'S SIGNATURE

Wilsonlan Judge

25g. REC'D BY REGISTRAR

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	SERVICE SERVICE		
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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06414

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	Milared R.	Adkins		Lost			Month 30		
3. SEX	4. RACE	este a .		S. DATE OF BIR		la.	GE (In years	MONTHS DAYS	IF UNDER 24 HRS.
Female		White	Ta	1	27,1998		1K3.		
o. BIRTHPLACE (Stote or aunity) Marylan	d U.	OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARR	IED	Baltimo			Mi
0. CITY OR TOWN OF DEA Arbutus	Н	11. NAME OF HOSPITAL OR IN		not in hospital	during greet of		d of work done even if retired.)	12b. KIND OF INDUSTRY Telep	
30. USUAL RESIDENCE (W dmissipp) rylland		institution: Residence before	Arbu		YES NO NO		AND NUMBER Poplar	Ave.	
	irst M E. Solt	iddle Lost	1	S. MOTHER'S MAI Berti	DEN NAME First e L. Hal	ler	Middle		Last
6a. WAS DECEASED EVER Yes, na, ar unknawn)	N U.S. ARMED FORCES? (If yes give wor or dates of se		NO. 17.	INFORMANT Roland	F. Adki	ns 13	45 Popla	ur Ave.	
Conditions, if ony, wrise to immediate storing the underly last. PART 2. OTHER SIGN 190. DATE OF OPERATION 21a. ACCIDENT WAS	hich gave (a), ause (a), put Ting couse (b) DUE Ting couse (c) CONDITIONS CO	O, OR AS A CONSEQUENCE OF O, OR AS A CONSEQUENCE OF (c) NTRIBUTING TO DEATH BUT N FOR WHICH OPERATION WAS PE	OT RELATED T	TO THE TERMINAL				CONSIDERED IN CE	ERTIFYING
21a. ACCIDENT WAS	IINDERIVING 21h	TIME OF INJURY	101a H	YES [NO P	CAUSES OF I		16am 10)	
OR CONTRIBUTING [CAUSE OF OEATH HOUI	R A.M. Manth Day Year P.M. 1	9			ne ar mjory m	ruii i ui roii 2,	110111 10.7	
≥ 21d. INJURY OCCURI While Not while at wark at wark	21e. PLACE OF I	NJURY (AT HOME, FARM, STRFET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. L	OCATION Street	or R.F.D. Na.	City or To		County	State
22a. I certify the	at (I) (th is hospit a ceased alive an	did) (did not) view the	1969 an	d that in (my	, 19 <u>57</u>) (ou r) apinion	, ta n death occu	5/30, 19 rred an the de	269 , that ate and haur	(I) (we) las and fram the
22b. SIGNATURE	J.N. F	re Jerick	DEG		ESS DIRECT	OR OR PH	AFF -	DATE SIGNED S/30/ 132/ md	169
230. BURIAL, CREMATION, BREMOVAL (Specify)	23b. DATE June 2	23c. NAME OF Mt. C				LOCATION (C	ty or Town) rick Mar	(County)	(State)
24. FUNERAL DIRECTOR Ambrose		ADDRESS 28 Sulphur Sp			2So. REC'D BY REC		2Sb. REGISTRAR'S		uge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pag should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 haurs VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

MARTENIO STATE DEL ARTIMENT OT TICALITI
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

	e or print)		Middle		rasi		ZO. DATE OF				2b. F	HOURA
(11)	Joh	n	Warner	A)	llwell			May	17	1969	11:	45 M
. SEX		4. RACE			S. DATE OF B	IRTH		6. AGE (In vec	rs IFU	INOER I YEAR	IF UNGER	24 HRS.
	Male	Tal	hite		4	-10-08		last birthday	YRS. MON	THS DAYS	HOURS	MIN
o. BIR		b. CITIZEN OF W		8. MADDIED	NEVER MAI		9. COUNTY OF		11.3.			
ountr	y).	U.S.		WIDOWED		RCED						
	Baltimore OR TOWN OF DEATH		IAME OF HOSPITAL OR INS					imore				Mo
	Baltimore	St	. Joseph He	ospita	1	during m	ast of working	(Kind af work life, even if ret	ired.)	2b. KIND OF NDUSTRY	BUSINESS	OR
a. US missi	OUAL RESIDENCE (Where deceased on) STATE Maryland	lived, if institu	tion: Residence before	Balt		13d. INSIDE CITY L		REET AND NUME			11-	
		IV		2010	LINOI C	10 10	<u>د</u> ا	39 Benn	ingha	us Kd	• #2	121
I. FAT	HER'S NAME First George All	Middle well	Lost		Is. MOTHER'S M	Bayne	First	Mid	ldle		Lost	
	AS OECEASED EVER IN U.S. ARME	D FORCES? or dates of service)	16b. SOCIAL SECURITY N 212-03-87		INFORMANT Stephen	S. A1	lwe11 8	Add 803 Eves	ress ham A	venue	212	212
1,,	CANCE OF DEATH (F-4										MATE INTERV	
1"	 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED 	one couse per I BY:									NSET AND OF	
	IMMEDIATI	E CAUSE (a)	Acute pu	llmona	ry eder	na						
1.	4124	DUE TO, OR	AS A CONSEQUENCE OF						0.01			
	onditions, if any, which gave	(h)	Arterios	sclero	tic car	rdiovas	scular	disease				
	se to immediate couse (o). oting the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF									
	st.	(4)										
D	ART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBI	ITING TO DEATH BUT NO	OT DELATED 1	O THE TERMINA	I DISCASE ODG	ONDITION CIVE	AL IN DARK NA				
1	ART 2. OTHER SIGNIFICANT COND	IIIONS CONTRIBE	TING TO DEATH BUT NO	NELATED I	IU ITE TEKMINA	IL DISEASE OK	ONDITION GIVE	N IN PAKT I(d)				
1	DATE OF ORDER TOWN											
5 119	a. DATE OF OPERATION 19b. CC	INDITION FOR WI	HICH OPERATION WAS PER	FORMED	20a. AUTO		CALICEC	YES, WERE FIND	INGS CONSIL	DERED IN C	RTIFYING	
19					YES	NO 🔼	K CAUSES	OF DEATH?				
	a. ACCIDENT WAS UNDERLYING			21c. F	IOW INJURY OC	CURRED (Enter	r nature af inju	ry in Part 1 or P	ort 2, Item	1B.)		
5	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.				,		,				
2	either, natify medical examine		AT HOME FARM STREET FACT		OCATION C.	1 020 H	611				-	
V		LACE OF INJUKT	(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	Z11. L	UCATION Street	er ar K.t.D. Na.	. City	ar Tawn	Co	unty	St	ate
10	wark at wark											
2	2a. I certify that (I) (this	haspital) att	ended the decease	d fram_	2-17	, 19	09_, to	5-17	_, 19 6	2 , that	(I) (we) las
	saw the deceased aliv causes stated abave,	re an 5- (I) (we)(did)	(did not) view the b	9 69 _, ar bady after	id that in (m death.	y) (our) opi	nion death o	accurred on t	he date a	nd haur	and frai	n the
22	b. SIGNATURE	2			ATTENDI	IC M	NED.	CTAFF	22c. DATE			
	Elsten 4.	Cxulle	ELLIT	DEG	REE PHYS.		IRECTOR .	STAFF PHYS.		5-17	-69	
22	d. PHYSICIAN'S				22e. ADD	RESS						
	NAME (Type) Elfren	A. Quit	iquit, M.D	•	762	O York	Road.	Towson,	Mary	land	2120	4
n Pi	URIAL, CREMATION, 23b. DA	TF	23c. NAME OF C	EMETERY OF					-			
		21-1969	Holy Re	deeme	r Cemet	erv	Balti	N (City or Town	larvla	ounty)	(State)	
	NERAL DIRECTOR											
	1. Cook-Brooks	Towson	1050 York	Road	21204	MAY 2	OFFISTRAND	25b REGIS	TRAR'S SIGN	ATURE	:	
						DATE		111	V /			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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1. DECEASI		First		M	iddle		Last	I E I TO	20. D	ATE OF DE	EATH				2b.	HOUR
(Туре с	ar print)	REGINA		70		A	NDREON	G	Ma	v	EATH 4 Month	Day	1969	Yeor	3:	30ah
3. SEX	IL HO		4. RACE				S. DATE OF B	IRTH		6	AGE (In yes	ors	IF UNDER	R 1 YEAR	IF UNDER	
Fem	nale			White			9-1	0-23			lost birthday	SYRS.	MONTHS	DAYS	HOURS	MIN.
	PLACE (Stote or	foreign	7b. CITIZEN	OF WHAT COUNT	RY?	8. MARRIED	NEVER MA	RRIED	9. COUN	NTY OF D				V.		
Mary	land			USA	0 1 5	WIDOWED		RCED		Balt	imore					Me
O. CITY O	R TOWN OF DEA	ATH		11. NAME OF HOS							(ind af work				BUSINESS	
I	owson			give street oddre	seph's	s Hos	pital	during m	nost of w	orking lif	e, even if re	tired.)	INDU	USTRY		
3o. USUA	L RESIDENCE (W	here decease		nstitution: Reside	nce before	13c. CITY O	R TOWN	13d. INSIDE CITY	LIMITS?	13e. STREE	ET AND NUM	BER				
Mary	land		Ball	timore		Park	sville	YES N	10 🙀	300	a Act	on !	Rd.	212	234	
		First	Mic	idle	Last	1	5. MOTHER'S M	AIDEN NAME	First		Mi	iddle			Last	
	Pa	trick	J	Sull	livan		Ma	rv			E.	1	HeJ]	and		
	DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SOCIA	AL SECURITY NO). 17.	INFORMANT					dress				
řes, no	o, or unknown)	(If yes give wo	IF OF OUTES OF SHIP	218	-12-64	78 H	ortuna	a Andr	reance	2	3001	A	eten	R	a	
18.	CAUSE OF DEA	TH (Enter anl	y ane cause	per line for (a),	(b), and (c).)		OI BILLION							APPROXI	MATE INTER	VAL
	PART I. DEATH	WAS CALISED	RY.	Cerel										DETIVIEN O	OPP 13CH	ALATIN
	11310	IMMEDIA				-morr	usge	17.37								
Cond	ditions, if any	which gove	DOF 10	, OR AS A CONSE	QUENCE OF											
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	ing the underly	ying couse	DUE TO	, OR AS A CONSE	QUENCE OF								4			
lost.)	(0)												
PAR	T 2. OTHER SIGN	NIFICANT CON	DITIONS CON	ITRIBUTING TO D	EATH BUT NOT	RELATED T	O THE TERMINA	L DISEASE OR	CONDITIO	N GIVEN I	N PART 1(a)					
N N	200		565		7 - 4	500			311		26.12					
190.	DATE OF OPERAT	10N 19b. 0	ONDITION FO	OR WHICH OPERAT	TION WAS PERF	ORMED	20a. AUT	DESA5		20b. IF YE CAUSES O	ES, WERE FINE	DINGS (CONSIDER	ED IN C	ERTIFYIN(3
							YES		9							
	ACCIDENT WAS		A. D. 11	IME OF INJURY	D V	21c. H	OW INJURY OC	CURRED (Ente	er nature	of injury	in Part 1 ar	Part 2,	Item 18.	.)		
	R CONTRIBUTING [P.M.	Day Year											
	INJURY OCCUR	RFD 21e	PLACE OF IN.	JURY (AT HOME, FA	RM, STREET, FACTO	ORY.) 21f. L	OCATION Stre	et ar R.F.D. No	0.	City or	Town		Caun	ty	S	tate
ot wa	ork Not while	e 🗆		(OFFICE BUILD	DING, ETC.											
220	. I certify t	hot (IX (thi	hospital) attended th	e deceased	from	May 1	, 19_	69,	to Ma	x 4	19	69	, that	(A) (w	e) las
	saw the de	eceased al	ive on	May 4	19	69, an	d thot in (n	y) (our) op	inion d	eoth ac	curred on	the do	ate and	haur	and fro	m th
	causes sta	ted above	, (I) (we)	(did) (did nat)	view the b	ody after	deoth.									
22b.	SIGNATURE	- 1	1				ATTENDI	NG -	MED.	_	STAFF -		DATE SIG			
		omk	10C			DEG	REE PHYS.	···	DIRECTOR		PHYS.	5.	-4-6	9		
22d.	PHYSICIAN'S						22e. AD								TO U	
	NAME (TYPE)	Camilo	L. To	omboc, 1	M.D.		762	20 York	c Rd.	, To	wson,	Md	. 2	1204	+	
	IAL, CREMATION,	23b. D	ATE	230	. NAME OF CE	METERY OF	CREMATORY		23d. I	LOCATION	(City or Tow	/n)	(Cour	ity)	(Stote	1)
	OVAL (Specify)	6	17/69		New Car	thedr	al Ceme	Home		20714		Ma				
24. FLINE	RAL DIRECTOR	04 77	11/07	n Ave.	ADDRESS			2So. REC'D	BY REGIS	TRAK CI	mor GEG	ISTRAR'S				
WIT	LZKO 41	Ol Equ	ondso	n Ave.,	21229			DATEMA	6	196	9 80	lo	res	free	yes	-
								1 41			T 11			# 6	8.0	- 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campretely filled in by he typeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. (68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be/executed within 24 hour Page 4 may be retained by the haspital or attending physician.

A Property of the Control of the Con

123317 . . ovas nazámonia (101 A, adas in

REMOVAL (Specify) FUNERAL DIRECTOR

13e. STREET AND NUMBER 714 N. Belgrade Court Middle GUNNELLS Lee Address Rosewood Records, Owings Mills, Md. 21117 20b. IF YES, WERE FINDINGS CONSIDERED IN CO 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) County Stote 1967, and that in (my) (aur) apinian death accurred an the date and haur and fram the 22c, DATE SIGNEO (OCATION (City or Town) (County) (Stote) 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

2b. HOUR

IE LINDER 24 HRS

IF LINDER 1 YEAR

INDUSTRY

12b. KIND OF BUSINESS OR

- in and only amount the first January 1998 S. 1991

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DATEJUN

		1) () 2 10 2		CERTIFICATE OF DEATH		
E 1 2 E		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
funeral 1 and 2 er death.	1	ype or print) Georg	ge Wayson	ARMACOST	MA4. 28	1969 9:30
5- 5	3. SE	x /	4. RACE	S. DATE OF BIRTH	AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MI
the rs af		HALE	WATE	MAY 7 19	901 68 YR	
by Paur	70. I	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d ir per 72	1	"/ARY/DNC	MSA.	WIDOWED DIVORCED		orc
within 24 haurs afterely filled in by the foun papers. Pages within 72 haurs aftered	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II		AL OCCUPATION (Kind of wark dan of of working life, even if retired.	
with ban	4	AMPSTEAD	Black Ko	C/C /\08d	arpenter	Ferrera/
cuted on ple cal		USUAL RESIDENCE (Where decease ssion) STATE	ed lived, if institution: Residence before		IMITS? 13e. STREET AND NUMBER	1/01
	-	MARYLOND	130/TIMETE	THE CLASSICAL A	- DIACIS DOG	K/050
cidn and the exe	14.	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME F	First Middle	1//a - Lost
	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	MARTIN
			ar or dates of service) 2/5-05-9	0 1 11 1 11 0	RMACOST, HAM	1PSTEAD IYL
O DE E		18. CAUSE OF DEATH (Enter only	y ane cause per line for (a), (b), and (c		, ,	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
e death ce attending permit. The an, ar remo		PART I. DEATH WAS CAUSED	TE CAUSE (a)	rul 12cd aren	romatus 15	
atte d		188X	DUE TO, OR AS A CONSEQUENCE OF		2/1/6.	1 21/20
that the dan. by the att ransit per crematian,		(anditions, if ony, which gave)	(b) F140		Sladde UrINAY	y) Jeans
requires that the death physician. I signed by the attendin burial-transit permit. I burial, crematian, ar re		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O			
physicic signed burial-t burial, c			OITIONS CONTRIBITING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR (CONDITION CIVEN IN PART 1(a)	
n sign	_	TAKT 2. OTHER SIGNIFICANT CON	ONIONS CONTRIBUTING TO DESTIT BUT	NOT KEEPIED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
tending to the second to the s	CERTIFICATION	190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	S CONSIDERED IN CERTIFYING
The atte	E SE			YES NO	CAUSES OF DEATH?	
or or ate		216. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Port	2, Item 18.)
oital Distriction of Ha	DIG	OR CONTRIBUTING CAUSE OF DEATH		19		
PHYSICIAN e haspital e nis certifical stached far Dept. af He	WED		PLACE OF INJURY (AT HOME, FARM, STREET, F	ACTORY.) 21f. LOCATION Street or R.F.D. No	City or Town	County State
this this detce be be		at wark of wark		,	1 1/1	
by Affer Stat		22a. I certify that (I) (this	s haspital attended the decea	sed from AN // 192 1967, and that in (my) (our) api	26, to 1/1928, 1	1969, that (1) (we) lo
ATTENDIN etained by CTOR: Afte shauld be vith the Sta		causes stated abave	, (I) (we) (did) (did not) view the	e bady after death.	inian aeain accurrea an the	aate ana naur ana tram t
		22b. SIGNATURE	1 Block	//	AED STAFF 22	c. DATE SIGNED
V be r billed v		Juce Ny	1 Deush		MED. STAFF PHYS.	May 28, 1969
may be RAL DII		22d. PHYSICIAN'S NAME (Type)	6 F. Bush	DAD 22e. ADDRESS	STEAD MAR	4/ANL
OSP NE 4 I	22.0	BURIAL, CREMATION, 736. D	DATE 122 NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(((((((((((((((((((((((((((((((((((((((
TO HOSPITAL Page 4 may 1 TO FUNERAL D director, pag should be file	230.	DEMOVAL /Consider		Cemetery		(County) (Stote) Id. Balto. Md.
VR A15			Funeral Home Hamps		BY REGISTRAR 25b. REGISTRAL	

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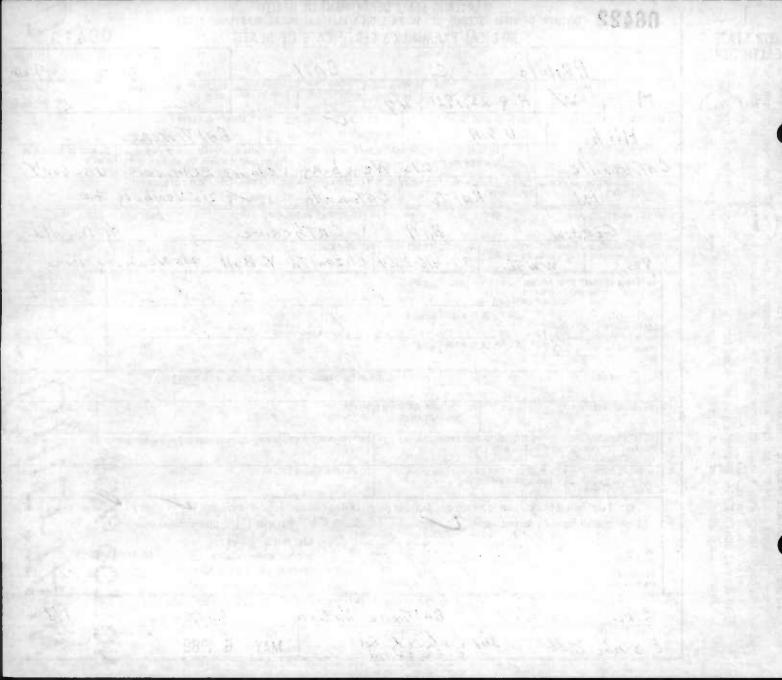
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06419 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Lost 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-RNOI 0 :aff DEATH MATED 2, and 3 t PM3. Pag partment 6. AGE (In years 4 RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX 2d. HOUR Aug. 25, 1921 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED HEVER MARRIED Give Pages 1, r's 1044ice along with form W. S. A with the State D WIDOWED DIVORCED [within 24 bours after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Claims EXAMINER 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY CATONSVIlle 215 Newburg and 2 Item ofter Middle 14. FATHER'S NAME Lost CATheRINE hours pages IAN WAS DECEASED EVER ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT pencil, **ADDRESS** (Yes, no, or unknown) 33-416-2364 ElizabeTh 215 Newburg permit. File APPROXIMATE INTERVAL be executed event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if dny, which gove rise to immediate couse (a). This certificate should the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 writing 90 remaval, be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO [YES T shauld be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, SICAL EXAMINER: CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK the funeral director. Page 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection 4 and in my apinian Natural causes Accident Suicide death resulted fram: 4 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 50 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BAITIMER NATIONAL 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR E. & Mac noll VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		00360		C	ERTIFICATE	OF DEATH		06	420	
	1. DI	ECEASED-NAME I	First	Middle	Last		20. DATE OF DEATH		- T	b. HOUR
	(1	Type or print) W	IAM	ROLANI	DE	244	Month	Day	914	4°40M
	3. SE	X	4. RACE	- Contract of the Contract of		OF BIRTH	6. AGE (In year	OFS IF UNDER		DER 24 HRS.
		MALE	CAUC	ASIAN	20	AY 186	4 last birthdoy	YRS. MONTHS	DAYS HOU	RS MIN.
		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF	F WHAT COUNTRY?	8. MARRIED NEVER		COUNTY OF DEATH			
		THARYLAND	U	1.5.A.		DIVORCED [BALTIMO	ORE		Md.
		ITY OR TOWN OF DEATH	1	1. NAME OF HOSPITAL OR INST	ITUTION (If not in hosp	tal 120. USUAL (CCUPATION (Kind of work	done 12b. K	IND OF BUSIN	
	D	UNDALK	9	ive street address)	SHIP KC	during most	of working life, even if re		STRY FAL	
2		USUAL RESIDENCE (Where de	ceosed lived, if ins	titution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS	? 13e. STREET AND NUM		21	
	uum	Md Md	13b. COUNT	BALTIMORE	DUNDAL	YES NO	95 KIN	SHIP	Kd.	100
	14. F	FATHER'S NAME First	Middl	le Lost	1s. MOTHER	'S MAIDEN NAME First		ddle	lo	st
			14 m	E. BALL		MARY H	USSELL			
	16a. Y	was deceased ever in U.S. (If yes	ARMED FORCES? give war or dates of service	16b. SOCIAL SECURITY N				dress	-	
		110		212-05-9	411 608	LYN B. C	PACL -	SAN	APPROXIMATE IN	PYEDVAL
		 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED 		er line for (o), (b), and (c).)	1 Dis	0150	4		ETWEEN ONSET A	
		IMA	MEDIATE CAUSE (o) _	H-7-C-1	- 213.	143e		1	1/3	
		Conditions, if ony, which go		OR AS A CONSEQUENCE OF	Anton	oschenos	(r	1	J. 7 12	
		rise to immediate cause (a) (b)_		milieni	OSCHEICAS (0			
		stating the underlying cau lost.	ISE DUE 10, (OR AS A CONSEQUENCE OF						
			CONDITIONS CONTI	RIBUTING TO DEATH BUT NO	RELATED TO THE YER	MUNAL DISEASE OR COM	DITION GIVEN IN PART 1(a)			
		TART 2. OTTER SIGNIFICANT	CONDITIONS CONT	A DESIGNATION OF THE PARTY OF T	me	MINE DISEASE ORCOR	onion onter in Take I(u)			
	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PER	FORMED 200.	AUTOPSY?	20b. IF YES, WERE FIN	DINGS CONSIDERE	D IN CERTIFY	/ING
1	IIFIC				YE	поп п	CAUSES OF DEATH?			
-		210. ACCIDENT WAS UNDER		E OF INJURY			iture of injury in Part 1 or	Part 2, Item 18.)	b .	
	MEDICAL	OR CONTRIBUTING CAUSE OF		.M. Manth Day Year)				
	MEI	21d INJURY OCCURRED		RY (AT HOME, FARM, STREET, FACTO	DRY.) 21f. LOCATION	Street ar R.F.D. No.	City ar Town	County	у	State
	-	While Nat while at wark		torget boiltono, etc.	10.	. 0 10	n	,		
		22o. I certify that (I)	(this hospital)	attended the decease	from you	0,1969	, to 11cm,	3, 1969	, that (I)	(we) last
		saw the decease	d alive on	id) (did hat) view the b	odyafter death	(my) (our) opiylid	an death accurred on	the dote ond	hour ond	trom the
		22b. SIGNATURE	N D a	indy (didynary view, ine b				22c. DATE SIGN		
		1	1421	and 1	DEGREE PH	ENDING MED.	CTOR STAFF	MAYO	6.196	9
		22d. PHYSICIAN'S	1	0		ADDRESS	D	(4	
1		NAME (Type)	1V/N/	JAVIC	11/1/1/1/	SOOMORN	INGTONNS-	DON DAG	15/700	2/220

23c. NAME OF CEMETERY OR CREMATORY

MEADOW RIDGE

23d. LOCATION (City or Town)
DORSEY, M

256.

250. REC'D BY REGISTRAR 1969

(County)

(Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, cremation, ar removal, and many event, within 72 have after death.

BURIAL EREMATION, REMOVAL (Specify)

23a.

23b. DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate-be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.

e benexecuted within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.

of statistical research and records, 301 w. preston street, baltimore 1, maryland CERTIFICATE OF DEATH DIVISION

1. PLACE OF DEATH a. COUNTY Baltimore MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Byltimore
b. CITY DR TOWN (if outside corporate limits, write RURAL, and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE
Conbett Road	Corbett Road ON A FARM? YES NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month Oay Year
(Type or print) George G. C. Bange, Jr.	DEATH May 28. 1969
	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIOOWED OIVORCED	July 14, 1917 last birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) 1NOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Machinist B. & D Lore Co.	Mary Land USA
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME
George G.C.Bange	Martha B. Kruger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	mily records
18. CAUSE DF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	
Conditions, If any, which	at top balanched top
gave rise to immediate	1000 1010 Action 111 0010 30100
cause (a), stating the OUE TO	1 / 5 / 100/
underlying cause last. (c)	Variation 1
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
I CA	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REJA 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU BY OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRREO. (Enter nature of Injury In Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLAN 2Dd. INJURY OCCURRED 20e. PLAN factor 2Dd. INJURY OCCURRED 2Dd. IN	ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	2 /25, 1907, to 1/2/, 1967, that (1) (we) last
saw the deceased alive on \$127 1967, and that	death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	22b. OATE SIGNED
M.O. M.O.	ATTENOING MED. STAFF OIRECTOR PHYS.
22c. PHYSICIAN'S	22d ADDRESS 72 1 0 ROD 7 1221
NAME (Type) K. G. Cham Dets	036 Port hir. 120, 1/21/
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial May 31, 1969 Fairview Cenex	teru Sunnubrook Balto. Co. M.
24. FUNERAL DIRECTOR AODRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John Burns' Sons, Towson, Md.	DAGUN 4 1969 Achanles Judge

VR A15 20M 1, 5 (4) 1/65

anniard whis ore in timone Contrect arisett profit iona Conbett Good George C. Cance, In. 1011 28, 69 ale hite July 14, 1917 51 inchinist 6.4. Jan. (o. I are Land 13/7 igatia 3. Kau en George G. Carne Yes - Konean Campan. 212-10-9736 Family neconds and the second of the second o

Burial and 31,1969 Fairwiew Ceneteru Sunnibrook, Bulto. Co., 10.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	ysician.	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	ial-transit permit. Then please remave carban papers. Pages 1 and 2	ial, crematian, or remaval, and in any event, within 72 haurs after death.
w requires that	ding physician.	seen signed by 1	the burial-trans	or ta burial, crem
HYSICIAN: The	haspital or atter	certificate has	iched far use as	pt. of Health pri
R ATTENDING PI	4 may be retained by the haspital or attending physician.	ECTOR: After this	3 shauld be deta	with the State De
OSPITAL OF	e 4 may be	MERAL DIR	ctar, page	uld be filed

							TIL OI DEA						
		SARA	irst	::	Middle	2 2	Lost	20.	Mo	nth Do		2b.	HOUR 40
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5. SE	X		4. RACI				-	100					MIN.
S. EX													
	tent.					MARRIED [NEVER MARRIED				0		
S. SEX	Md.												
S. DATE OF BIRTH S. BATE OF BIRTH S. BATE OF BIRTH S. BATE OF BIRTH S. DATE OF BIRTH S. BATE OF	S OR												
S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. MARRIED S. DATE OF BIRTH S. DATE OF BIRTH													
		nd.		OLIVITA .			Vrc F	-			OT AV	٤.	
14. 1	ATHER'S NAME	First	- 1	Middle	Last	15.	MOTHER'S MAIDEN NA	ME First				Last	
	G	EOR	GE	W.	13AN	145	SA	LLI	E	H.	T	OD	0
160.	WAS DECEASED E	VER IN U.S.	ARMED FORCES				ORMANT			Address	0		1
Y	es, no, ar unknawi	n) (IT yes	give war or dates or s	service)	0-30-00	73/	V. Litse	ch R	?. N.	615	(HES	TNU	T HU
	18. CAUSE OF I	DEATH (Ente	r anly ane cau	se per line for	(a) (b) and (c).)		^				APPRO	XIMATE INTER	VAL
		ATH WAS CA	USED BY:		Mitan	total	MARINAMA	RN	wel ste	WA-	7-1/	Ses m	DEAIN .
13	1539	> IWW		. ,	merchieuse of	unc	Marine Marine	- 1000	are ace		2 7	-1110	
	Conditions it on	w which ac		IU, UK AS A C	DN2EQUENCE OF								
			a).	(b)									
				TO, OR AS A C	ONSEQUENCE OF								
	last.			(c)									
	PART 2. OTHER	SIGNIFICANT	CONDITIONS O	ONTRIBUTING T	O DEATH BUT NOT	RELATED TO	THE TERMINAL DISEAS	OR CONDIT	TION GIVEN IN PAI	T 1(a)			113
_	200												
VII0	19a. DATE OF OPE	RATION	19b. CONDITION	FOR WHICH OP	ERATION WAS PERF	ORMED	20o. AUTOPSY?		20b. IF YES, W	RE FINDINGS	CONSIDERED IN	CERTIFYING	G
FIC	100						YES TO N	0 🗆	CAUSES OF DEA	TH?			
CERT	21a ACCIDENT V	WAS LINDER	LYING 21h	TIME OF INITIE	y	216 HOV			re of injury in Pa	rt 1 or Port 2	Item 181		_
						210. 1101	THOOK! OCCORNED	(rinei naio	ite of injury in ru	1 1 01 1011 2,	110111 10.7		
ED													
×	21d. INJURY OC	CURRED	21e. PLACE OF	INJURY (AT HOI	WE, FARM, STREET, FACTO BUILDING, ETC.	RY.) 21f. LOC	ATION Street or R.F.	D. Na.	City or Taw	1	County	9	State
		411110					1	1	A /				
П	22a. I certify	y that (I)	(this hospit	al), attended	the deceased	from 3	4	1954			69 , tho	it (I) (≤	e) last
	saw the	decease	d alive an_	May 8	19	64, and	that in (my) (our	apinian	death accurre	d an the d	ate and have	r and fro	om the
	causes	stated ab	ave, (I) (we) (did)/(d id-	ot) view the bo	ady after d	eath.				1000		
	0.0	0	0	~1	0 "		ATTENDING	MED	CTACC		DATE SIGNED		
	1/16	enle	and l	duail	Day M	DEGRE		DIRECTO	OR PHYS.	- m	148,19	69	
			77-11		- 0	,4,			2004 10	. 4 "	0	-	
	NAME (Type	NEW	LAND 1	EdWARD	DAY 1	nd.	H-8-	3316	81 Ba	les no	ud.		
30						METERA UD U	REMATORY	234	LOCATION (City	or Town)	(County)	(State	e)
LJU.	REMOVAL (Specif			-10	1 .						(001117)		,
0.4			3-10	64				\rightarrow			C CICAIATIIDE	· VLOC	4
-	fra.				1050 YOZ	K Rd.							100
/~/ . \	m CAAK-15	DAAKS	1 OULSON	JUNICA -		00 11	TIP OIL DATE	6 4 4 5 7	G SOMO	1111/12	market . II.	10 JA	/

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MARYLAND STATE DEPARTMENT OF HEALTH

30M REV. 1368

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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06425

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	ECEASED-NAME First Type or print) WELZ		Middle MONROE	BE	Lost	20	o. DATE OF DI	Month Doy	196	Year		HOUR O51
3. SE	Male	4. RACE	hite		S. DATE OF BIRTH		6	lost birthdoy)		RIYEAR	IF UNDER HDURS	
cour	BIRTHPLACE (Stote or foreign http:// Maryland	ļ	IT COUNTRY? S.A. ME OF HOSPITAL OR INS	WIDOWED					1201	KIND OF F		M
	Towson	give str	st. Josep	h Hosp	ital			e, even if retired.)	INDU	KIND OF B USTRY Rai	USINESS 1 R	or oad
13o. odmi	USUAL RESIDENCE (Where deceo ission) STATE Maryland	sed lived, if institutio	n: Residence before Baltimore	13c. CITY OR	TOWN 13d.	INSIDE CITY LIMITS?		Lackawa				
	Christian	Middle	lost Bear	15	MOTHER'S MAIDI Hanna	NAME First Marie	Plain	Middle		,	Lost	
160. Y	WAS DECEASED EVER IN U.S. AR	tune or dates of connect	166. SOCIAL SECURITY N 218-14-944		NFORMANT c. Charl	es V. B	Bear, S	Address Same as #	13			
	1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIAL OF Conditions, if dny, which gove rise to immediate couse (o), stating the underlying couse lost.	D BY: ATE CAUSE (o) ACU DUE TO, OR AS (b)		ary ed	ema myocaro	dial inf	farcti	on		APPROXIM. BETWEEN ON:		
CERTIFICATION	PART 2. OTHER SIGNIFICANT CO Infarct of sm 190. DATE OF OPERATION 19b		tine seco	ndary		or mese	enteric	artery t			RTIFYIN(3
MEDICAL	21o. ACCIDENT WAS UNDERLY! DR CONTRIBUTING CAUSE OF DEA (If either, notify medicol exom 21d. INJURY OCCURRED 21e While Not while of work of work	TH HOUR A.M.	Month Doy Year		W INJURY OCCUR	RED (Enter note	ure of injury i	Town	Item 1B.		S	tote
	22a. I certify that (1) (the sow the declared courses stoted above 22b. SIGNATURE	is hospitol) after blive on 5= e, (I) (we) (did) (a	ded the decease 30-1 10 not) view the l	body offer o	leath.	□ MFD		22c.	DATE SIG	GNED		e) las m the
230.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF C		22e. ADDRES 7620 CREMATORY	York Ro	d., To	wson Md., (City or Town)			(Stote))
В	BURIAL, CREMATION, 23b.	DATE ine 2, 196	23c. NAME OF C	Ridge	CREMATORY Cemetery	7 P:	d. LOCATION ikesvi GISTRAR	(City or Town) 11e, Mary 25b. REGISTRAR'S	(Coun /lan	nty) d)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (3) R

VR A15 (4) 30M REV. 1208 MARYLAND STATE DEPARTMENT OF HEALTH

06428 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00440	CERTIFIC	ATE OF DEATH	21201	06426
1. DECEASED-NAME (Type or print)	Middle	Beck	2a. DATE OF DEATH Month Doy	Yeor 2b. Hour
3. SEX 4. RACE Whi.	te	s. date of birth 6/13/88	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
70. BIRTHPLACE (Stote or foreign country) Md. 7b. CITIZEN OF WH. USS. A	MAKKILU	DIVORCED DIVORCED	Baltimore CCUPATION (Kind of work done	Md.
Catonsville 13a. USUAL RESIDENCE (Where deceased lived, if institution	hady Nook Nursi:	ng Home during mast	af working life, even if retired.)	INDUSTRY
admission) STATE Md. 136. COUNTY	Balti	more YES X NO	4608 LawnPark	Rdo
14. FATHER'S NAME First Middle Lernon Beall		S. MOTHER'S MAIDEN NAME First Ann R. A	nderson	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give war or dates of service)		Mr. Bell, 420	Address Parkview Drive,	
conditions, if ony, which gave nise to immediate couse (a), stating the underlying couse DUE TO, OR A	S A CONSEQUENCE OF	Phoyage	<u>`</u>	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH 4 OLy 2 Result
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT				DIGINATE WAS TO VENEZUA O
19a. DATE OF OPERATION 19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
GIT OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner)	Month Day Yeor		ature of injury in Port 1 or Port 2, I	tem 18.)
While Not while of work at work	AT HOME, FARM, STREET, FACTORY, 21f. LO		City or Town	County Stote
22a. I certify that (I) (this hospital) atte sow the deceased alive an couses stated above (I) (was)(did) (19 <u>69</u> , on	d that in (my) (que) opinio	on deoth occurred on the do	te ond hour ond from the
22b. SIGNATURE	DEGI	11110.	CTOR STAFF 22c. C	DATE SIGNED
22d. PHYSICIAN'S NAME (Type) CLIFIC A	PATLIFFIS	1 22e. ADDRESS 4605	EDMONDS	on Mas
230. BURIAL, CREMATION, 23b. DATE BENOVAL (Specify) 5/16/69	23c. NAME OF CEMETERY OR Trinity Meth	n. Church Cem	23d. LOCATION (City or Town) Odenton, Maryl	(County) (Stote) and
24 FUNERAL DIRECTOR Witzke, 4101 Edmondson	Ave., 21229	DATE A	EGISTRAR 3 256. REGISTRAR'S	SIGNATURE

A series of the series of the

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIF	CATE	OF D	EA	TH

06427

			CERTIFICA	IL OI DE	AIII			001	
1. DECEASED-NAME (Type or print)	First erdinand	Middle E.	Bell	in S		DATE OF DEATH May Mant	h 27 Day	1989	2b. HOUR F 9:25 N
3. SEX Male	4. RACE	White		DATE OF BIRTH			n years haay) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7o. BIRTHPLACE (State or for country) Baltim	ore	F WHAT COUNTRY? U.S.A.	WIDOWED [UNTY OF DEATH Baltimo		U	Mo
10. CITY OR TOWN OF DEAT Randallsto	wn		Gen. H	osp.	during mast y f	UPATION (Kind of working life aven	if retired;		
13a. USUAL RESIDENCE (Who admission) STATE Mar					NSIDE CITY LIMITS?	Box 29	D, I	iberty	Road
14. FATHER'S NAME Fit Edward A	. Bellin				NAME First La Metz		Middle		Last
16a. WAS DECEASED EVER II Yes, na, ar unknawn) NO	U.S. ARMED FORCES? (If yes give war or dates of service	16b. SOCIAL SECURITY 218-30-56			na Bell	in Box 29	Address P9 Lib		
18. CAUSE OF DEATH PART I. DEATH W	(Enter only one couse p AS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (b), and (c A S H D		hythmia	fibril	liation		APPROX BETWEEN (MATE INTERVAL DISET AND GEATH
Canditians, if any, wherise to immediate co	DUE TO, ich gave)	OR AS A CONSEQUENCE OF	Coron	ary thr	ombosis			Apr	. 3
stating the underlyin		OR AS A CONSEQUENCE OF						wee	eks
	ICANT CONDITIONS CONT	RIBUTING TO DEATH BUT I	NOT RELATED TO T	HE TERMINAL DIS	SEASE OR CONDIT	ION GIVEN IN PART	1(0)		
190. DATE OF OPERATIO	N 19b. CONDITION FOI	R WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	NO 🗌	20b. IF YES, WER CAUSES OF DEATH		ONSIDERED IN C	ERTIFYING
21a. ACCIDENT WAS U OR CONTRIBUTING C	AUSE OF DEATH HOUR /	P.M.	19			re of injury in Part	1 or Part 2,	Item 18.)	
While Nat while at wark		JRY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				City or Town		Caunty	State
22a. I certify the saw the dec causes state	t (I) (this haspital) eased alive an d abave, (I) (we)(o	attended the deceasedid) (did nat) view the	sed from 5 19 and t bady after de	hat in (my) (ath.	_ , 1969 aur) apinian	, ta <u>5/21</u> death accurred	, 19. an the da	69, that ite and haur	(I) (we) las and fram th
22b. SIGNATURE	unel &	Hall 's	DEGREE	ATTENDING PHYS.	MED. DIRECTO	OR STAFF		DATE SIGNED lay 28,	1969
22d. PHYSICIAN'S NAME (Type)	loward E. H	all, M. D.	14.76	22e. ADDRESS		llem Mar	yland		
23a. BURIAL, CREMATION, REMOVAL (Specify) Buria,	23b. DATE May 31.6	D 1	cemetery or cr	tery	P	. LOCATION (City or arkville	Maryl	and Bal	
24. FUNERAL DIRECTOR Loring Byers		ADDRES	dallstow	n. Md DA	MAY 2 9	1969 2Sb.	REGISTRAR'S	SIGNATURE	ae

2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offerdeath. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DE	EAT	H
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		4417111147111	4 OI DEMIII			
	ECEASED-NAME First NALTER S.	Aiddle BELLIS		DATE OF DEATH Month Doy	428 49 Yeor	2b. HOUR
3. S	EX 4. RACE		ATE OF BIRTH	6. AGE (In years		IF UNDER 24 HRS.
	$m = \omega$	6	2/27/07	last birthday) YRS.	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNT	RY? 8. MARRIED ANE	EVEK MAKKIEUI	NTY OF DEATH		
Cau	ntry) Md U.S.	WIDOWED _	DIVORCED \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ALTO.		Md.
10.	give street oddre			PATION (Kind of work done orking life, even if retired.)	12b. KIND OF B INDUSTRY	USINESS OR
130	USUAL RESIDENCE (Where deceased lived, if institution: Reside	ence befare 13c. CITY OR TOWN	N 13d. INSIDE CITY LIMITS?	12. CTDEET AND NUMBER		
	issian) STATE 13b. COUNTY 13b. COUNTY	D CATONSVI	VICE NOTO	13e. STREET AND NUMBER 23 BLOOMS	8/101-	
14.	FATHER'S NAME First Middle	Last IS. MOT	THER'S MAIDEN NAME First	Middle		Lost
	WALTER S. BELLI	15	GERTRUDE	HARFIN	C	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCI	AL SECURITY NO. 17. INFORM		Address		
ľ	(es, no, ar unknown) (If yes give war or dates of service)	CA	THERINE	BELLIS		
	18. CAUSE OF DEATH (Enter only one couse per line for (a),	(b), ond (c).)				ATE INTERVAL SET AND GEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Chronix Nend	lites		5 1	ER12-
	250 9 DUE TO, OR AS A CONSE	EUHENCE OF			0	
70	Conditions, if any, which gave)	Slomewood cles	ses		54	leur
	rise ta immediate cause (a), (b)	EQUENCE OF			4	4.
	last. (c)	DIA BETES	Mellites		179.	ears
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D			ON GIVEN IN PART 1(a)		
z		An Lewischer	to Heart x	rilar		
IFICATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED 20	Oa. AUTOPSY? YES \(\begin{array}{ccc} NO \(\beta \rightarrow \end{array}\)	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CER	RTIFYING
GRT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	21c HOW IN		of injury in Port 1 ar Part 2, It	tem 18.)	
DICAL		Doy Year	SOUL OCCURRED (EINER HOLDING	01 mpry m 10m 1 dr 10m 2, m		
WE	21d. INJURY OCCURRED While Not while	ARM, STREET, FACTORY.) 21f. LOCATIO	ON Street or R.F.D. No.	City ar Tawn	County	Stote
	at wark at wark		1112 1075	F /11 10	10 11 1	(1) () ()
	220. I certify that (I) (this hospital) attended the saw the deceased alive on	le deceosed from	+/10 , 1967 ,	anth occurred on the dat	o and hour o	(I) (We) last
	couses stoted above, (I) (we) (did) (did not)	view the body ofter deoth	1.	eom occorred an me dar	e dilu iloui o	nu nom me
	22b. SIGNATURE		ATTENDING & MED		ATE SIGNED ,	
Н	pag games		ATTENDING MED. PHYS. DIRECTOR	D STAFF D	5/5/6	9
	22d. PHYSICIAN'S NAME (Type) MAX J MICC	ER M.D.	22e. ADDRESS 1047 Ir	rgleside Ave	212	.28
23a.		. NAME OF CEMETERY OR CREMA		LOCATION (City or Tawn)	(County)	(Stote)
2	SCHOVAL (Specify) 5/6/69	GOOD SHEF	HERD	40W. Co.	md	
	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGIS	TRAR 2Sb. REGISTRAR'S	SIGNATURE	
1	E.S MALNABR 2177	, D	NHAV 7	1000 771/1-18	a Ouda	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. **TO FUNERAL DIRECTOR:** After this certificote hos been signed by the attending physición and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 30M REV. 1748 they to applicable to

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	IO FUNEKAL DIRECTOR: After this certificate has been signed by the affending physician and completely filled in by the unreal director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physicion.	signed buriol buriol
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	ECEASED-NAME Type or print)	First LILLIE	(LILL	Middle B.	B	Lost		2a. [onth Do		
3. 5		4. RACE			95	S. DATE OF E	, ,			(In years	IF UNDER 1 YEA	1
	FEMALE		WHI	TE			27,	1874	last	94 YRS.	MONTHS DA	YS HOURS MI
	BIRTHPLACE (State or foreigntry)	gn 7b. CITIZEN	OF WHAT COUN	TRY?	8. MARRIED [NEVER MA	RRIED 🛣	9. COU	NTY OF DEATH		7.5	
	Balto, Md		USA		WIDOWED [RCED 🗌			more C	county	1
	Catonsvil		11. NAME OF HO give street odd Parad	ise Nu	arsing	Home	during r		PATION (Kind of porking life, ev		12b. KIND INDUSTRY N O	OF BUSINESS OR
3o.	USUAL RESIDENCE (Where ission) STATE	deceosed lived, if	institution: Resid	lence before	13c. CITY OR	TOWN	13d. INSIDE CITY YES X		13e. STREET AN		3 04	
	Md.		City					NO 🗌		St. Pa	aul St	reet
		R. BENI		Lost			LLY C		??? (BURNS)	Middle		Last
160	. WAS DECEASED EVER IN U Yes, no, ar unknawn) (If	.S. ARMED FORCES? yes give war or dates of ser		S4-290		NFORMANT Arious	reco	rds	(No li	Address ving 1	relati	ves)
	1B. CAUSE OF DEATH (E PART I. DEATH WAS		(0 m		time	He	uto	Fia	ilm			ROXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if ony, which	DUE TO	O, OR AS A CONS	SEQUENCE OF	oner	~ C	ardi	- (-	Vaso	Desc	erre	
	rise to immediate caus stoting the underlying last.		O, OR ASTA COM	SEQUENCE OF	ali:	sel.	G_{1}	A.	1020	lorge	zi.	
	PART 2. OTHER SIGNIFICA	NT CONDITIONS COL	NTRIBUTING TO I	DEATH BUT NO	T RELATED TO	THE TERMINA	AL DISEASE OR	CONDITIO	ON GIVEN IN PA	RT 1(a)		
N				TEL .	DY.	1000						
MEDICAL CERTIFICA	19a. DATE OF OPERATION	19b. CONDITION F	N FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES NO			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	21o. ACCIDENT WAS UND OR CONTRIBUTING CAUSI (If either, natify medical	OF DEATH HOUR	IME OF INJURY A.M. Month P.M.	Day Year	21c. HC	W INJURY O	CURRED (Ent	ter noture	af inj⊎ry in Pa	rt 1 or Part 2,	Item 18.)	
	21d. INJURY OCCURRED While Nat while at wark at wark	21e. PLACE OF IN	JURY (AT HOME, I	FARM, STREET, FACT- LIDING, ETC.	ORY.) 21f. LO	CATION Stre	et or R.F.D. N	lo.	City or Tow	n	County	State
	22a. I certify that (saw the decea couses stated	t) (this haspital sed alive on_ abave, (I) (we)	3//	4 19	and	that in (n	Jy) (our) of	09, pinian d	to	/4 , 19 ed on the d	ate and ho	ur ond from th
	22b. SIGNATURE	Seen	400	m	DEGRI	ATTENDI EE PHYS.	NG 🗩	MED. DIRECTOR	STAFF PHYS.		DATE SIGNED	169
	22d. PHYSICIAN'S NAME (Type)	41NG0	C. So	RONG	FON M	22e. AD	DRESS 915	Ho.	LLINS	FERM	2Y R	D.
23a.	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE May 16,		Loud			etery		LOCATION (City Baltim		(County)	(State)
24. S	FUNERAL DIRECTOR TEWART & MC	WEN CO.	108 W.N	ADDRESS orth	Av.,Ba	alto.1	2Sa. REC'D	BY REGIS	TRAR 25	b. REGISTRAR	S SIGNATURE	1.0

THE RESERVE OF CHIEFLES

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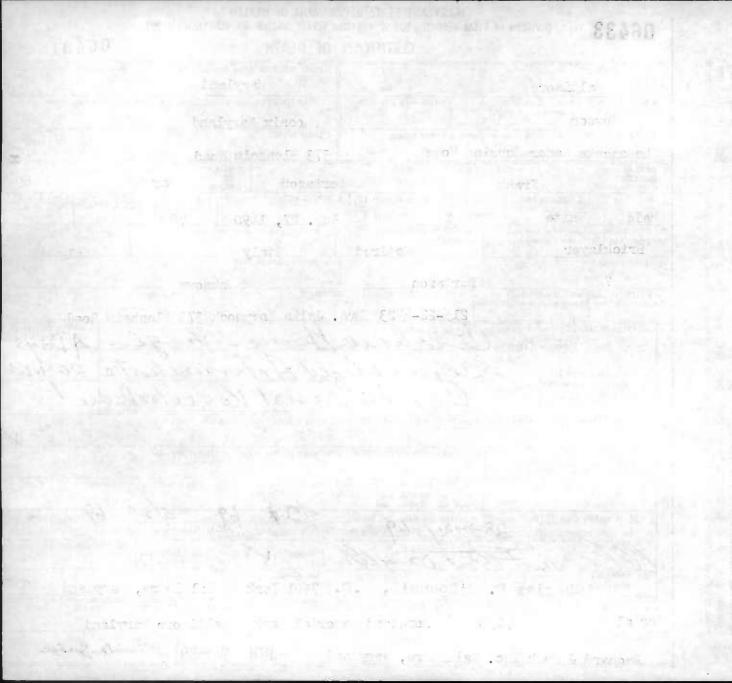
MARYLAND STATE DEPARTMENT OF HEALTH

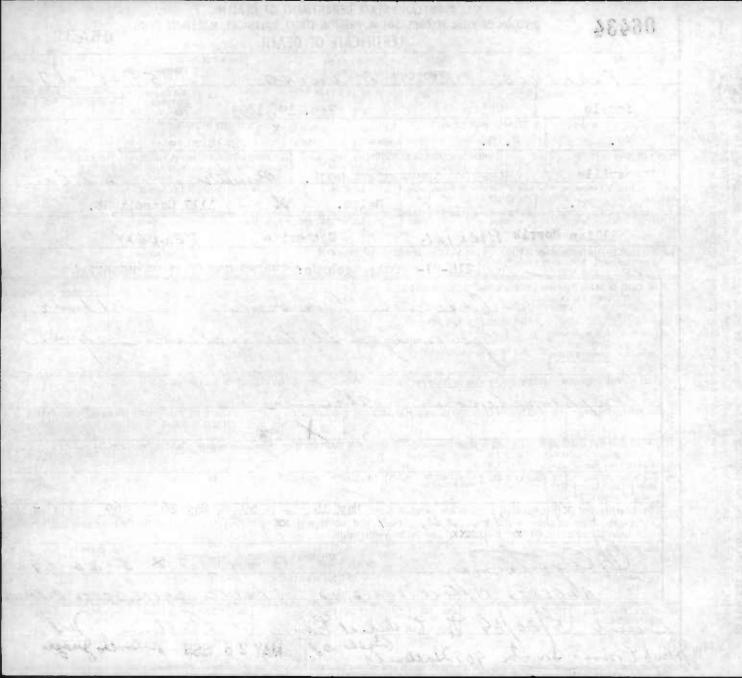
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06431

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ter death. funeral s 1 ond 2 ter death.	1. 1	PLACE OF DEATH					2. USUAL R	ESIDENCE (V	Vhere deceo	sed lived, if inst	itution: Reside	ence before	odmissi	an)
de gelege		O. COUNTY Do 7 +-	imore				o. STATE		rylan	L C	OUNTY	111	2	-
ter frer frer	-					MARYLAND	61771 00 1					10 1	0	
aurs after by the fur Pages 1 aurs after		o. CITY OR TOWN (If outs write RURAL and give TOWSON	ide corporate limits,		c. LENGTH OF S	TAY IN 16	c. CITY OR 1	IOWN (If ou	tside corpor	ote limits, write	RURAL ond gi	ve neorest	town)	
by Bour		Towson	,		THE STATE OF		Phoe	enix M	faryla	ind				
d Earl		. NAME OF HOSPITAL OR	INSTITUTION (If not	in hospitol, g	ive street oddress)	d. STREET A						IS RESIL	DENCE
certificate be executed within 24 haurs after death physician and campletely filled in by the funeral then please remave carbon equers Pages 1 and 2 mayal, and in any event, within 72 haurs after death	(hesapeake 1	Manor Nur	sing H	ome		272 E	lenhe	im Da	- 4			ON A F	NO T.
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that the death certificion. by the attending phystransit permit. Then premation, ar remaval,		18. CAUSE OF DEATH (Enter only one cous	e per line for	(o), (b), ond (c))	1	4			/	- 0	INTE	RVAL BET	WEEN
nsi mat		PART I. DEATH WA	S CAUSED BY:	1Ce	rell	cal	110	2220	Le	no	22_	2	ET AND	275
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The land at the strength of th	NO.	PART II. OTHER SIGNIFIC	ANT CONDITIONS CO	NIKIBUTING I	O DEATH BUT NO	I KELAIED IO	ITTE TERMINAL	DISEASE CON	WILLIAM OIL	EN IN PART I(U			PERFORM	NED?
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aspital or certificate hed for u	RTIF	20o. ACCIDENT WAS UNDE OR CONTRIBUTING ☐ CAU		20b. DE	SCRIBE HOW INJU	RY OCCURRED.	(Enter noture o	of injury in I	Port I or Po	rt II of item 18.				
HYSICIAI haspital s certifice ached fa spt. of H	30 1	(IF EITHER, NOTIFY MEDICA												
s PHYSIC the haspin this certi detached e Dept. of	MEDICAL	20c. TIME OF INJURY M	ionth, Doy, Yeor		JURY OCCURRED		CE OF INJURY			(City or town) (0	ounty)	-	(State)
by the has offer this ce be detached state Dept.	ME	p.m.	19	While of work	Not While at work		ory, street, offi	te blag., etc.)			1	10.		
		21. I certify the	at (I) (this hasp			sed from	3/3	KG 1	969	10 5/	2-9, 19	6% th	at (I) (.	A I
R ATTENI retained ECTOR: A 3 should with the		saw the deceas	ed alive on	18-771	24/ 196	2, and that	death acc	urred at	41041	M, fram caus	es and an	the date	stated	daba
OR ATTEN be retained DIRECTOR: ge 3 should led with the		220 SIGNATURE	2		1	1	11		1			DATE SIGNI		
or = W m ≥		111/16	2/11-1	100	Mu	eccle M.I	ATTENDIN PHYS.	G LA	MED. DIRECTOR	STAFF PHYS.				
DIR DIR	9	22c. PHYSICIAN'S	Luc !	100	U	-	22d. AD		DIRECTOR	11173.				
SPITAL OR ATTENI 4 may be retained VERAL DIRECTOR: A rar, page 3 should Id be filed with the			narles F	. O'I	onnell	. M.D	. 750	l York	c Rd F	Baltimo	re. Ma:	rvlar	nd	
TO HOSPITAL OI Page 4 may be TO FUNERAL DIR director, page shauld be filed	220	BURIAL, CREMATION,	23b. DATE THER		-	CEMETERY OR				OCATION (City or		(County)		stote)
Page O Fun direct shaul	Z30	REMOVAL (Specify)		2/69				Desal-					(2	iolej
5 5 5 0 V			0/6	109	ADDRESS	and Me	mortal		_	ltimore			r	
VR A15 (4)	24	FUNERAL DIRECTOR			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				BY REGIST		REGISTRAR'S			
25M 1/67		Leonard J	Ruck Inc	. Bal	timore,	Maryla	nd	DATIUN	4	1969		- A	0	

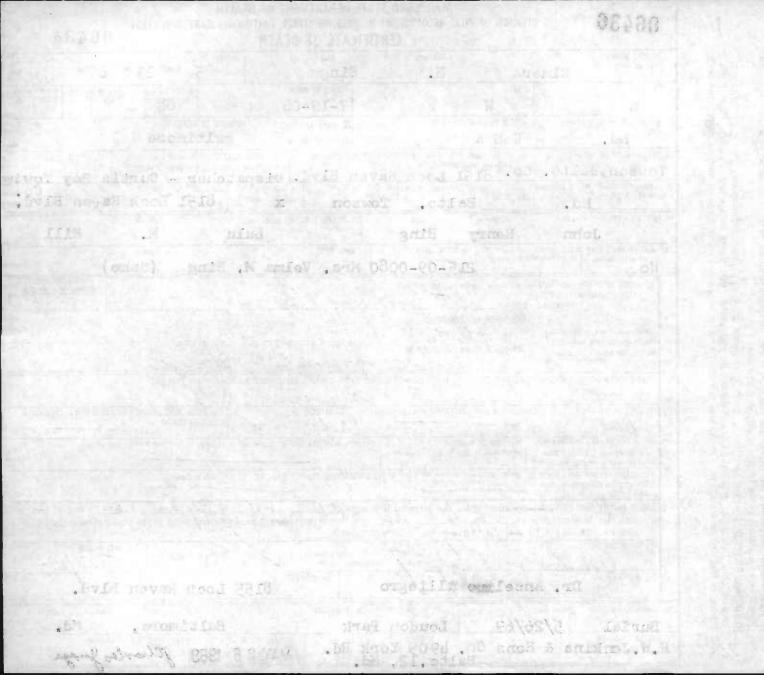




257 S. Conkling St. Balto.

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6	1	06436	DIVISION OF VITAL RECORDS,	ID STATE DEPARTMENT OF 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	06434
	funeral and 2 ier death.		mer H.	lost B in g	20. DATE OF DEATH 5 Month 23 Do	2b. HOUR 1.15 A.M
2	urs after death y the funeral Pages I and 2 grafter death	3. SEX	4. RACE	5. DATE OF BIRTH 7-19-04	6. AGE (In yeors lost kinhdoy) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
9	展设施	7a. BIRTHPLACE (State or foreign country) Md •	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED A NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	Md
1	vithin 24 ban pare ban pare	Towson, Balto	11. NAME OF HOSPITAL OR IN give street address)	STITUTION (If not in hospital Raven Blvd. Di	SUAL OCCUPATION (Kind of work done most of working life, even if retired.) Spatcher - Curt TO IMMISS 13e. STREET AND NUMBER NO 81 51 T.O.C.	12b. KIND OF BUSINESS OR INDUSTRY
		odmission) STATE Md.	13b. COUNTY Balto.	TOWSOIL	TOLDE BOCH	Raven Blvd:
	that the death certificate be executed an. by the attending physician and cample ronsit permit. Then please remave ca crematian, ar removal, and in any event	14. FATHER'S NAME First John	Middle Lost Henry Bing		E First Middle Lulu M.	Hill
	physician con please oval, and it	Yes, no, or unknown) (If yes give	turns as distant of eachirs)	NO. 17. INFORMANT 0080 Mrs. Velma	M. Bing (San	
	he death cei attending p permit. The	PART I. DEATH WAS CAUS	nly ane couse per line far (d), (b), and (e) ED BY: NATE CAUSE (a)	Dormany (Cock	Parim.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	t the de the atte sit perm natian, (Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	riding /		
+	equires that the physician signed by the burial-transit burial, cremati	rise to immediate couse (a), stoting the underlying couse lost.		e Branclulis	E Qualingena	
0	r requires ng physici en signed ne burial-t	Olyani	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE (DR CONDITION GIVEN IN PART 1(0)	
1	IAN: The law red of a attending pricate has been star use as the brank Health prior to be	190. DATE OF OPERATION 191	. CONDITION FOR WHICH OPERATION WAS PI		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	CIAN: iital ar hificate J far us if Healt	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	ATH HOUR A.M. Month Doy Yeor		nter noture of injury in Port 1 or Port 2,	Item 18.)
	JING PHYSICIAN: by the haspital at the rhis certificate be detached for the State Dept. af Hea	21d. INJURY OCCURRED 21	PLACE OF INJURY (AT HOME, FARM, STREET, FA		No. City or Town	County Stote
•	be be	22a. I certify that (I) (t saw the deceased causes stated above	his hospital) attended the deceas alive an May War re, (1) (we) (sid) (did not) view the	ed fram (1900), 19 1961, and that in (my) (cur) bady after death.	pinian death accurred on the do	69. , that (I) (we) last and haur and fram the
	O HOSPITAL OR ATTEND Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22b. SIGNATURE	y m. Chulfer	DEGREE ATTENDING PHYS.		DATE SIGNED 5/23/69.
	TO HOSPITAL Page 4 may b TO FUNERAL D director, page Shauld be file	NAME (Type) Dr.	Anselmo Allie		155 Loch Raven	
	TO HG Page direct	REMOVAL (Specify) Burial 5	/26/69 Loude	cemetery or crematory on Park	23d. LOCATION (City or Town) Baltimore,	(County) (Stote)
	VR AVE 14 45M - 69	24. FUNERAL DIRECTOR H.W. Jenkins	& Sons CO. 4905	York Rd. 250. REC	by registrar 25b. Registrar's 26 1969	Les Junge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN Last (Type or Print) delay 12 ESTI-0F Page Merrill Bittner 0 DEATH MATED Department (6. AGE (In years 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Doy 5 PM3 as birthday) Male White 7a. BIRTHPLACE (State or foreign MARRIED THEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? Give Pages 1, with farm country) Baltimore County U.S. WIDOWED [DIVORCED Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give street address) St. Joseph Hospital during mast of warking life, even if retired.) Towson Office alang 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER death Jand 2 with 3509 Keswick Rd. 21211 136. COUNTY Baltimore admissian) STATE Md. in Item 18. YES x NO Balto. 24 hours after Middle 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME Middle pages haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** be executed within in pencil (Yes, na, ar unknawn) (If yes give war or dates of service) 216-28-1690 Lois Bittner 3905 Keswick Rd. a within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease. pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF urial-transit Canditians, if any, which gave rise ta immediate cause (a). shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O g remaval CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? execute the certificate, pe Þ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City ar Tawn factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autapsy X. Inspection Inquiry Suicide [Ascident death resulted fram: Natural causes |X. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER priar ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER May 11,1969 Spitz, DEPUTY MEDICAL EXAMINER Werner **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, ar county) 50 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Burial

VR A15ME (5)

24. FUNERAL DIRECTOR Paul E. Chenoweth Jr. 3617 ChentuuthAve.

Jessups

2So. REC'D BY REGISTRAR

Balto. Co. 2Sb. REGISTRAR'S SIGNATURE Ellianes Judge

06435

10Year

12b. KIND OF BUSINESS OR

Lone

Lost

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

20. AUTOPSY?

YES X

County

(County)

NO T

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and in my apinian

(State)

Day

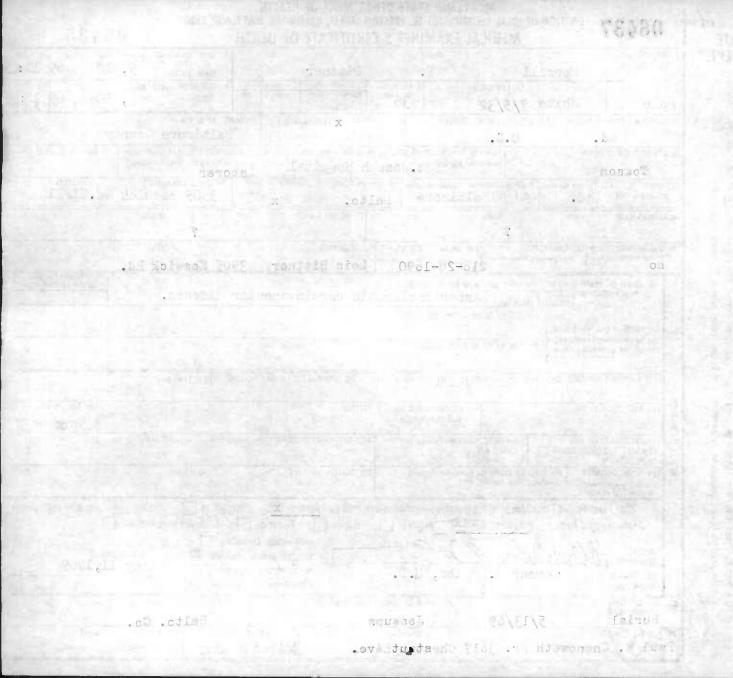
2b. HOUR

2d. HOUR

10 25

19:45

Manth



within 24 hours after deat completely filled in burial-transit permit. Then please remove carbon papers. burial, cremation, or removal, and in any event, within 72 h executed orld that the deoth certificate be physician nen please signed by physician. TO FUNERAL DIRECTOR: After this certificate has been be detoched for use as the Stote Dept. of Health prior to O HOSPITAL OR ATTENDING PHYSICIAN: The

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06433 CERTIFICATE OF DEATH 06436 DECEASED-NAME First 20. DATE OF DEATH 2b. HOUR (Type or print) 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. lost birthday) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN 9. COUNTY OF DEATH BALTIMORE, MD. WIDOWED DIVORCED HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION during mast of working life, even if retired.) NEWERVICE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle Last PAULINE SCHWARTZ MENDEL MR. JOSEPH A. WALDMAN, 3214 WOODVALLEY DRIVE 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no o unknown) (If yes give war or dates of service) 109-12-7276 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work at work 22a. I certify that (I) (this haspital) attended the deceased fram Duk 1, 1952, ta 5-22, 1969, that (I) (we) last saw the deceased alive an 5-25 1969, and that in my) (aur) apinian death accurred on the date and haur and fram the causes stored abave, (I) (we)(did) (did nat) view the bady after death 22b. SIGNATUR 22c. DATE SIGNED ATTENDING STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS JEROME COLLER 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote BALTIMORE, MARYLAND LOUDON PARK CREMATORY

director, page 3 should should be filed with the

ADDRESS ASOL LEVINSON & BROS., 6010 REISTERSTOWN

2Sb. REGISTRAR'S SIGNATURE

ACTUAL

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

2Sb. REGISTRAR'S SIGNATURE

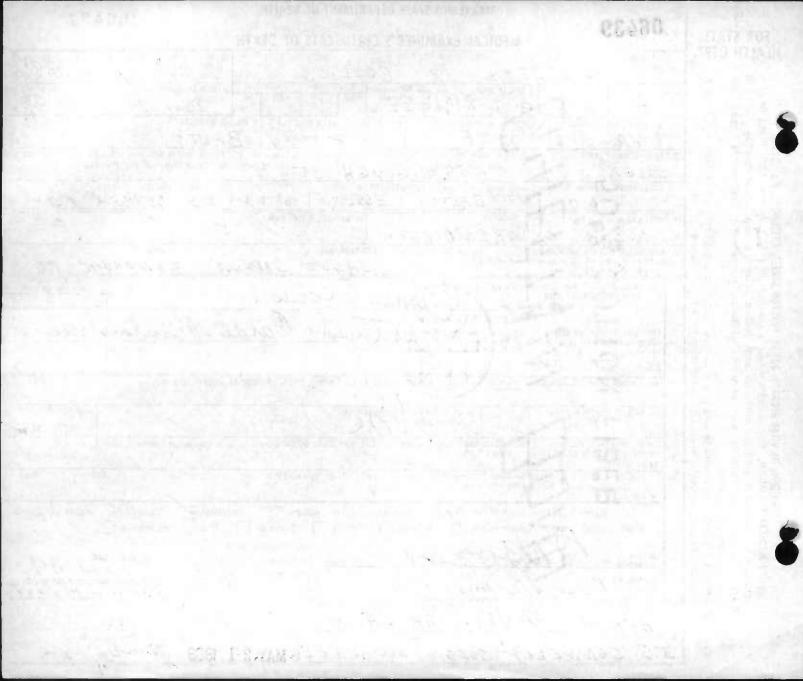
VR ATSME AS

24. FUNERAL DIRECTOR CONNELLY

2So. REC'D BY REGISTRAR 300 MACEDAMAY

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER



2b. HOUR

IF UNDER 24 HRS

IF HINDER 1 YEAR

INDUSTRY

County

22c. DATE SIGNED

(County)

Dorsey, Howard County, Md.

Milanda

25b. REGISTRAR'S SIGNATURE

25g, REC'D BY REGISTRAR

1969

DATELL

State

DAYS

12h. KIND OF BUSINESS OR

VR A15 (4)

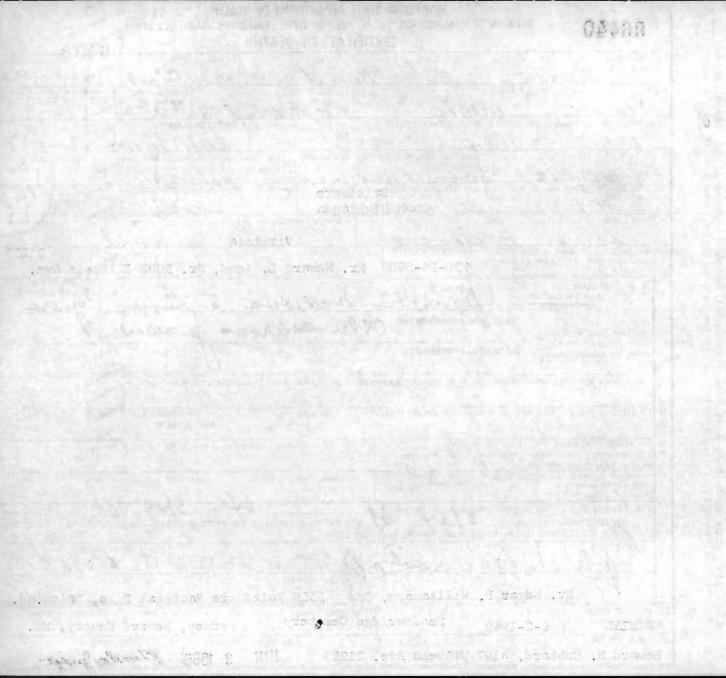
BURTA (Specify)

24. FUNERAL DIRECTOR

6-2-1969

Howard H. Hubbard, 4107 Wilkens Ave. 21229

ADDRESS



death.

papers. Pages 1 iin 72 haurs after

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and in any

burial, crematian,

prior to

30M REV.

funeral 1 and

campletely filled in by the Tun

please remove carban

and

physician

attending phys remava

24 hours after death

be executed within

MARYLAND STATE DEPARTMENT OF HEALTH

06439 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06441 CERTIFICATE OF DEATH 2g. DATE OF DEATH 2b. HOUR. Lost Middle 1. DECEASED-NAME First Month (Type or print) William Bortner A. May IF UNDER 24 HRS. IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX DAYS last birthday) White Male 12/20/02 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Balto.Co. USA WIDOWED [DIVORCED [Md. 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital INDUSTRY Real give street oddress) al during most of working life, even if retired.) Randallstown Estate .Gen. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 18b. COUNTY 508 admissian) STATE Keswick Rd. Baltimo Middle 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Louis Annie Clark Bortner 17. INFORMANT Address 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If we give war or dates of service) Roland H.Bortner Jr.-1111 Lewis APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OEATH YRS orenary IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IABETES ELLITUS 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO X YES 🔲 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) State 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark May 291969, that (1) (we) last 22a. I certify that (1) (this hospital) attended the deceased from Charles 19, 1955, ta May 291969, that (1) (we) last saw the deceased alive an May 16, 1969, and that in (my) (our) apinian death accurred an the date and haur and from the april 19, 1955, to saw the deceased alive an_ causes stated above, (1) (we) (did) (did ng) view the bady after death.

requires that the death certificate signed by the burial-transit p Page 4 may be retained by the haspital or attending physician. as the TO FUNERAL DIRECTOR: After this certificate has been be detached far use State Dept. af Health j ATTENDING directar, page 3 shauld shauld be filed with the TO HOSPITAL VR A15 (4)

m DDEGREE OBERT 23c. NAME OF CEMETERY OR CREMATORY

ATTENDING 22e. ADDRESS E. EAGER

MED. DIRECTOR

PHYS.

22c. DATE SIGNED DALTIMORE MD.

23g. BURIAL, CREMATION REMOVAL (Specify)

22b. SIGNATURE

22d. PHYSICIAN'S

NAME (Type)

23b. DATE

Druid Ridge Cemeterv **ADDRESS**

23d. LOCATION (City or Town) Baltimore (County)

(Stote)

24. FUNERAL DIRECTOR

Roland Ave.

2So. REC'D BY REGISTRAR DATE JUN

l ond 2

ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 Page 4 may be retained by the hospital or ottending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

06440

			EKIIFICA	ALE OF	DEATH				20
1. DECEASED-NAME (Type or print)	First	Middle		Last		2a. DATE OF DEATH			2b. HOUR
	Edward	Lee		Bowe	n	May	24 Day	1969	9:15AM
3. SEX	4. RACE		5	DATE OF B		6. AGE (In	years	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male		hite		3-2-	1879	last birth	O YRS.	MONTHS DAYS	HOURS MIN
a. BIRTHPLACE (State or for	3	WHAT COUNTRY?	8. MARRIED	NEVER MA	RRIED 9.	COUNTY OF DEATH			
country) Maryland	U.S.		WIDOWED 🔀	3	RCED	Baltimore			Md
10. CITY OR TOWN OF DEATH	11	I. NAME OF HOSPITAL OR INST	ITUTION (If nat	n haspital	12a. USUAL	OCCUPATION (Kind of w	ark dane	12b. KIND OF	BUSINESS OR
Towson	/ 1		Josephi	s Ho	sp. Re	af warking life, even in	to	Transi	t Co.
3a. USUAL RESIDENCE (When admission) STATE Mary	re deceased lived, if inst rland 136. COUNT	itution: Residence before	13c. CITY OR T	OWN	13d. INSIDE CITY LIMIT YES NO	13e. STREET AND N	UMBER		
14. FATHER'S NAME Firs	t Middl	e Last	1S	MOTHER'S M	AIDEN NAME First		Middle		Last
Jo	hn	Bowen				Unknown			
16a. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO	D. 17. INF	ORMANT			Address		
Yes, na, ar unknawn)	in her dive won or doler or relates	213-10-15	571 Ed	lward	W. Bot	ven, 8453	Mor	van Rd	. 2123
18. CAUSE OF DEATH	(Enter anly ane cause pe	r line far (a), (b), and (c).)						APPROXI	MATE INTERVAL INSET AND DEATH
PART 2. OTHER SIGNIFICATION		IBUTING TO DEATH BUT NOT		THE TERMINA		DITION GIVEN IN PART 1		ONSIDERED IN C	FRTIEVING
5-24-69 21a. ACCIDENT WAS UI		ed above.		YES X		CAUSES OF DEATH?		OHSIDERED IN CI	
21a. ACCIDENT WAS UP	USE OF DEATH HOUR A.	OF INJURY M. Manth Day Year M. 19	21c. HOW	INJURY OC	CURRED (Enter no	iture of injury in Part 1	ar Part 2, I	Item 18.)	
21d. INJURY OCCURRED While Nat while at wark at wark	21e. PLACE OF INJUR	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	DRY.) 21f. LOCA	ATION Street	et ar R.F.D. Na.	City ar Tawn		Caunty	State
saw the dece	ased alive an Mar	ttended the deceased y 24 19 d) (XXXXX) view the bo	69. and 1	thot in Kn	, 19 <u>.69</u> (y) (aur) apinio	, ta May 24 in death occurred a	, 19_ n the da	69_, that te and hour	(A) (we) last and from the
22b. SIGNATURE	8			ATTEMOR	UC . 44FD	CTAFF	22c. [DATE SIGNED	
	~) . (Inout	DEGREE	ATTENDII PHYS.	NG MED.	CTOR D STAFF [X	5-24-6	9
22d. PHYSICIAN'S NAME (Type)	Lawrence F.	Misanik, M.	D.	22e. ADD		Road, Tow	son,	Marylan	d 21204
23a. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CE	METERY OR CE	REMATORY		3d. LOCATION (City or T		(Caunty)	(State)
Burial (Specify)	5/27/196	9 Druid	Ridge)		Pikesvill			
H.W.Jenkin	s & Sons Balto	Co. 4905 Y	ork R	d.	DATE MA	2 6 1969 R	GISTACE	SIGNATURE	udge

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotian, or removal, and in any event, within 72 hours after death.

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All the street in the street

WAY 2 & BES For the Sunday.

uneral and 2 death.

within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0033				CERTIFI	CATE OF	DEATH	100		06	441		
1. DECEASED-NAME (Type or print)	First		Middle		Lost		20.	DATE OF DEATH Month	Doy	V	2b. HO	UR
	Baby	у В⊕у		BR	ITTAIN		1	5	24	69 Yeor	3:05	al
3. SEX Male		4. RACE Cau			S. DATE OF B	2/69		6. AGE (In y lost birthdo	(y)	MONTHS OAYS	IF UNDER 24 HOURS	HRS.
7o. BIRTHPLACE (Stote of	or foreign	7b. CITIZEN OF WH.	AT COUNTRY?	8		X	0 (011	NTY OF DEATH	YRS.	4		_
country) Balto	. Co.	U.S.A		WIDOWED	NEVER MAR	RCED		altimore				Me
D. CITY OR TOWN OF D		give st	ME OF HOSPITAL OR IN: treet oddress)			durina		JPATION (Kind of wor vorking life, even if r		12b. KIND OF INDUSTRY	BUSINESS O	2
Towson 130. USUAL RESIDENCE (odmission) STATE	Where deceose Marvl	ed lived, if institution 13b, COUNTY	on: Residence before	13c. CITY O	R TOWN		Y LIMITS?	13e. STREET AND NUM 8431 Mon		Rd.	-33	
14. FATHER'S NAME	First	Middle	Lost		IS. MOTHER'S MA	AIDEN NAME	First		liddle		Lost	_
W	ayne	Michael	Brittain			Sa	ndra	. Je	ean	Brit	tain	
160. WAS DECEASED EVI	FR IN ILS ARM	ED FORCES? ar ar dates of service)	16b. SOCIAL SECURITY I	NO. 17.	INFORMANT				ldress	25220	000211	
110					Chart							
18. CAUSE OF DE	ATH (Enter onl	y one couse per line	e for (o), (b), ond (c).	.)							NATE INTERVAL	Н
PART I. DEAT	H WAS CAUSED	TE CAUSE (a) H	yaline me	embra	ne dise	ease						
7761			A CONSEQUENCE OF						75.7			
Conditions, if ony,	, which gave)		THE CONSEQUENCE OF							+		
rise to immediat	e couse (o).	(b)	A CONSEQUENCE OF									_
stoting the under	rlying couse		A CONSEQUENCE OF									
_	CNIEICANT CON	(c)	ING TO DEATH DUT NO	OT DELATED 1	TO THE TERMINA	DICEACE	DCONDITIO	ON GIVEN IN PART 1(o				_
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190. DATE OF OPERA	ATION 110h (ONDITION FOR WHI	TH OPERATION WAS PE	DECIDATED	I OD- AUTO	DCVO		LODE IE WEG WEDE EN	IDINOS COL	USIDEDED III CE	Date	
190. DATE OF OPERA	4110N 170. C	CONDITION FOR WHILE	IN OPERATION WAS PE	KPUKIMED	2Do. AUTO			2Db. IF YES, WERE FII CAUSES OF DEATH?			RTIFYING	
ACCIDENT IN	C UNDED WAY	0 1			YES 🔀				Υe	_		
210. ACCIDENT WA	CAUSE OF OEATH	HOUR A.M.	Month Doy Yeor		10W INJURY OCC	URRED (En	ter noture	of injury in Port 1 or	Port 2, Ite	em 18.)		
21d. INJURY OCCU While Not who of work of wor	RRED 21e.		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	(TORY,) 21f. L	OCATION Stree	t or R.F.D. N	No.	City or Town		County	Stote	9
22g certify	that (I) (this	s hospital) atte	nded the decease	ad from	May 2	2 19	69	to May 24	10	9 that	(1) (11/2)	Inc
saw the	deceosed al	ive an M	ay 24	9 69 ar	nd that in (m	v) (our) o	ninion d	ta_May 24 leoth occurred on	the dot	a and hour o	(i) (we)	the
couses st	ated above	, (I) (we) (did) (did nat) yiew the	body ofter	deoth.	11,00.70	pillion a	com occorred on	ine don	e ond noor c	Jiiu II OIII	1116
22b. SIGNATURE	01		Som			IG 🔲	MED. DIRECTOR	STAFF PHYS.	22c. D/	TE SIGNED 26/69		
22d. PHYSICIAN'S					22e. ADD	RESS						
NAME (Type)	Cha	rles C.	Brown, N	1. D.	6	701 N	. Ch	arles Str	eet			
230. BURIAL, CREMATION	N, 23b. D	ATE.	23c. NAME OF	•				LOCATION (City or Tov		(County)	(Stote)	
C. Hos High	on 5	126/69	G. B. N					Baltimo			,	

Baltimore, Maryland

2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

1969

G. B. M. C.

VR A15 (4) 45M - 1/69

director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, ond in any event, within 72 O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper

OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted

'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.

FUNERAL DIRECTOR G. B. M. C. 6701 N. Charles Street

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FOR STATE DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06442

	77722		MEDICAL	EXAMINER	2 CF	KIIFICAL	F OF DE	AIH		1 191			
(1	ECEASED-NAME (ype ar Print)	ANCE		Middle		BROA!		11	2a. DATE KNOW OF ESTI- DEATH MATE	5	Day	Year 19 69	2b. Hour
3. SE	10/9	White 5.0	9-ZC-	OS 6. AGE	(In years rthday) YRS.	MONTHS DAYS		24 HRS. MIN.	2c. DATE PRONO Manth	Doy	I Ye	or 1969	2d. HOUR
184	SIRTHPLACE (State or foreign)	4.	ZEN OF WHAT CO		WIDO		IVORCED		NTY OF DEATH	BALT	٥,		Md
RA		NUO	give street of	F HOSPITAL OR INS	0, 01	O. GENL	during	most of	CUPATION (Kind) working life, ev	en if retired.) Elect	INDUST	ND OF BUSI RY	INESS OR
ad	USUAL RESIDENCE (Where Imissian) STATE	13b.	COUNTY BA	1670.	OLD J	110	YES N	0 🕦	13e. STREET AND	.CHA?	MA	N Rd	
14. F/	ATHER'S NAME Firs	orge	Middle	Broadbe	ent	1S. MOTHER'S A	Jea:	First		Middle	TX T	lost homa	
16a. V (Y	NAS DECEASED EVER IN U.S. es. no. ar unknown) NO	ARMED FORCES? (If yes give war or dat		SOCIAL SECURITY NO	1	THE MALE	dadber		604 N.C		an R	oad	
	Canditians, if any, which rise ta immediate caus stating the underlying last.	S CAUSED BY: IMMEDIATE CAU I gave le (a), cause	SE (a) DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUENCE OF	·CV	it.D =	Major	irter	dion		8	TAPPROXIMATE ETWEEN_ONSET	AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICAL 190. DATE OF OPERATION	yorlu	i Uparah	CONDITION FOR WAS PERFORMED?	olum	white	LDISEASE OR C	NAD!	N GIVEN IN PART	monori.	BP	O. AUTOPSY	? NO 🔲
DICAL	21a. EXTERNAL CAUSE WA PRIMARY OR CONTRIB CAUSE OF DEATH 21d. INJURY OCCURRED WHILE ON NOT WHILE	21e. PLACE O	Ib. TIME OF INJUR' HOUR A.M. P.M. F INJURY (At han ffice building, etc.	Y Manth, Day, Year 19 ne, farm, street,		f. LOCATION Stre		0	re af injury in Pai City ar Taw		Item 18.) Caur		State
	22a. I certify deoth resulted f ACTUAL SIGNATURE EXAMINER'S NAME (Type)			moins described Accident		Suicide	ptopsy, , Homicid CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL ADDRESS(Street,	e	MINER D	Inquiry [ned manner	_		y opinion
E	BURIAL, CREMATION, REMOYAL (Specify) Burial	23b. DATE 5 - 15 -	1969	23c. NAME OF CO			4		LOCATION (Gity of Baltimo		(County ryla	,,	tate)

Armacost Funeral Chapel-4600 Liberty Hts. Ave MAY

VR A15ME (5)

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as buriol-transit permit. File pages/lond2 with the State Department of

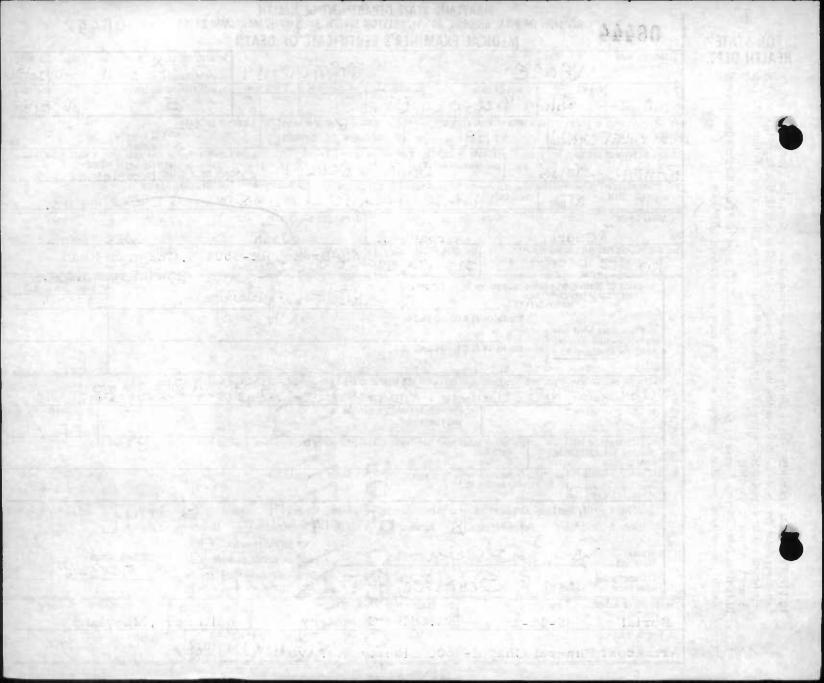
Health prior to buriol, cremation, or removal, and in any event within 72 hour

affer death

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,

This certificate should be executed within 24 hours after death

C'EAL EXAMINER:



06445

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06443

(Type or print) Ray	First Middle mond E.		ost	20. DATE OF DEATH 5 Month 2	9 Doy 69 Yeor	2b. HOUR P
3. \$	Male	4. RACE Caucasian	S. DA	TE OF BIRTH 10/22/90	6. AGE (In year lost birthgay)		IF UNDER 24 HRS. HOURS MIN
7o.	BIRTHPLACE (Stote or foreign ntry)	U.S. A.	8. MARRIED N	DIVORCED [COUNTY OF DEATH Baltime	ore	Mo
	Towson	11. NAME OF HOSPITAL OR Give street address) a1 t	to. Med. Ce	enter during most	OCCUPATION (Kind of work of working life, even if reting to the control of the co	red.) INDUSTRY	BUSINESS OR
13o. adm	USUAL RESIDENCE (Where de ission) STATE	eceosed lived, if institution: Residence before 13b. COUNTY	CATO NSUI		TOO. STREET MID HOMD		
14.	FATHER'S NAME First	Middle Lost	IS. MOT	HER'S MAIDEN NAME Firs	_ 11 1 1 1	ile	Lost
16a.	was DECEASED EVER IN U.S. (es, na, ar unknawn) (If yes,	ARMED FORCES? give war or dates of service) 765-03-		ANT Opland	Brokes -13 ; ne	oss where a	c.
7	Conditions, if ony, which go rise to immediate couse (stating the <u>underlying cou</u> <u>last.</u>	DUE TO, OR AS A CONSEQUENCE (b) due to er DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE	OF rosion of p OF a of left 1	ung			
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20	a. AUTOPSY? YES NO \	20b. IF YES, WERE FINDI CAUSES OF DEATH?	NGS CONSIDERED IN C	ERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, natify medical ex	FDEATH HOUR A.M. Month Day Ye	21c. HOW IN.	URY OCCURRED (Enter n	ature of injury in Part 1 ar Po	art 2, Item 18.)	1
ME	21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATIO		City ar Tawn	Caunty	State
	22a. I certify that (I) sow the deceased causes stated ab	(this haspital) attended the deceded alive an 5/29 ave, (I) (we) (did) (did nat) view the	ased from _1969 ond tho ne body ofter deoth	/10 , 19_69 in (my) (<u>our</u>) opini	D, ta <u>5/29</u> on death occurred on th	., 19 <u>69</u> , that ne date ond hour	(I) <u>(we)</u> las
	22b. SIGNATURE	Rosertural	DEGREE		CTOR STAFF	22c. DATE SIGNED May 30, 1	1969
	22d. PHYSICIAN'S NAME (Type) Ruc	diger Breitenecker,		2e. ADDRESS 670	01 N. Charles	Street 2	21204
6	REMOVAL (Specify)	6-3=69 Ci	OF CEMETERY OR CREMA	TORY Cem.	23d. LOCATION (City or Town)	(Caunty)	(State)
24.	FUNERAL DIRECTOR	ADDRE ADDRE	- 00	by OSQ. REC'D BY	REGISTRAR 2Sb. REGIST	RAR'S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH

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William Rawcomer, U.D. - Mount Wilson, Tarrigand

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	EASED-NAME pe ar print)	First Edwin		Middle R.		last Brown		2a. DATE O	Manth Manth	DAA	119 6		HOUR
3. SEX	Male		4. RACE	Cau.		S. DATE OF BII	ктн .5 -1 908		6. AGE (In ye last birtheo		IF UNDER 1 YEAR WONTHS DAYS	HOURS	R 24 NRS. MIN.
7a. BIR cauntr	RTHPLACE (State or fo		O. CITIZEN OF WE		8. MARR WIDOW	IED NEVER MAR	RIED CED CED	9. COUNTY OF	DEATH altimo	re			Mo
P	Y OR TOWN OF DEATH		give	AME OF HOSPITAL OR INS street oddress) 1465	5 Dui	ndawn Rd.	during n	et of thousing	Kind of world	tired.)	12b. KIND OF		
	SUAL RESIDENCE (Whe sion) STATE M	re deceosed	lived, if institut 13b. COUNTY	ion: Residence befare Baltimore	13cp(II)	or town rry Hall	13d. INSIDE CITY LIF YES NO		4655 DI		m Road	21:	236
14. FA	THER'S NAME Fir Cha	rles	Middle H.	Brown		IS. MOTHER'S MA	IDEN NAME F	rst Ada	M	iddle	2 ¹	Lost	
	NAS DECEASED EVER IN \$ 90, or unknown)		FORCES? or dates of service)	213-07-8		17. INFORMANT Julia A	. Brow	m 4655		dress wn Ro		to.	
ri s lo	Canditians, if any, whrise to immediate costating the underlyinast.	g cause	DUE TO, OR A (b) DUE TO, OR A	enastatic As a consequence of Ideno-Car As a consequence of	cin	oma - 1	eft l	ne, e	tc.		tunk	nów	ni-b
NO	PART 2. OTHER SIGNIF			TING TO DEATH BUT NO		20a. AUTO		20b. I	EN IN PART 1(a F YES, WERE FII S OF DEATH?		NSIDERED IN (ERTIFYIN	IG
N E	Ta. ACCIDENT WAS LOOK ON CONTRIBUTING C	AUSE OF DEATH		Month Doy Year		c. HOW INJURY OCC			ory in Part 1 ar	Part 2, It	em 18.)	Y.	
	21d. INJURY OCCURRE While Not while t at work			(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					y ar Town		County	19	State
2	22a. I certify that saw the dec causes state	t (I) (this eased aliv d abave,	haspital) atte re an Maz (I) (wa) (did)	ended the decease 7 10 191 (did set) view the	ed fram 9, bady af	4/16/6 and that in (m ter death.	9, 19 y) (≠ur) api	, ta nian death	May 1 accurred an	the dat	69_, tha e and haur	t (I) (A and fr	e) la:
2	22b. SIGNATURE 22d. PHYSICIAN'S	Low	8	7	his	ATTENDIA	IG M	IED.	STAFF PHYS.	22c. D	ATE SIGNED 5/12/	69	
	NAME (Type) Th	eodo	re E	Evans, M	D.	9			Road			10.	
1	BURIAL, CREMATION, REMOVAL (Specify)	23b. DA	14-1969	Ever		or crematory en ^M emori		Fir	ON (City or Tou		(Caunty)	(Stat	Md.
24. Fl	uneral director assahn Fu	neral	Home 71	ADDRESS 101 Belair	Road	3 21236	2Sa. REC'D B	Y REGISTRAR Y 1 5 1		SISTRAR'S S	SIGNATURE	A SE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 abauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after death. VR ATS A bone, etc.

bone, etc.

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MARYLAND STATE DEPARTMENT OF HEALTH

06446

1. DECEASED-NAME First (Type or print) I.F.ROY	Middle	BUCK INGHAN	í	20. DATE OF DEATH Month Day	Year 69 8:10A M
3. SEXMALE 4. RACE WHI	PE	S. DATE OF 8	IRTH B/96	6. AGE (In years lost birthday) 2 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN
70. BIRTHPLACE (Stote or foreign country) RALTIMORE MD 7b. CITIZEN OF WH U.S.A	•		RCED	COUNTY OF DEATH BALT IMORE	Md
FORT HOWARD	ME OF HOSPITAL OR INSTITI	SPITAL	during most	OCCUPATION (Kind of wark done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY TILE CO.
13o. USUAL RESIDENCE (Where deceosed lived, if institution of the commission) STATE 13b. COUNTY	the same of the sa	ALTIMORE	YES NO	- I TOOL STREET HITS HOMSEK	ck Avenue
	Last UCK INCHAM 16b. SOCIAL SECURITY NO.	15. MOTHER'S M	AIDEN NAME First		RANHAN Last
Yes no or unknown) (If yes give war or dates of service)	212 07 09		RECORDS,	VA HOSP. FT HOW	IARD, MD.
4109 DUE TO, OR A	e for (a), (b), ond (c).) YOCARDIAL I S A CONSEQUENCE OF RTERIOSCLER		ADV THRO	MROSTS	APPROXIMATE INTERVAL BETWEEN ONST AND DEATH YEARS
rise to immediate couse (o),	A CONSEQUENCE OF				
RIFIC	CH OPERATION WAS PERFO	RMED ZDa. AUTO		20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
G CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M.	Manth Doy Year 19	1	CURRED (Enter no	ature af injury in Part 1 ar Part 2, I	tem 18.)
While Nat while at wark	AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.		et ar R.F.D. No.	City ar Tawn	Caunty State
22a. I certify that (I) (this haspital) atte saw the deceased alive an causes stated abave (we) (did) (nded the deceased	fram 4/3/09 , and that in to dy after death.		_, ta 5/1/69 _, 19_ an death occurred an the da	, that (I) (we) last te and haur and from the
22b. SIGNATURE 22d. PHYSICIAN'S 22d. PHYSICIAN'S	mo	DEGREE ATTENDI	U DIRE	CTOR PHYS.	DATE SIGNED 5/7/69
NAME (Type) JOHN D. TALBE	RT, M. D.	22° VA	FT HOW	ARD, MD.	
23a. BURIAL (REMATION, 23b., DATE 5/9/1969	23c. NAME OF CEM	ETERY OR CREMATORY	2	3d. LOCATION (City or Town) BALTIMORE, MI	(Caunty) (State)

VR A15 45M - 1/

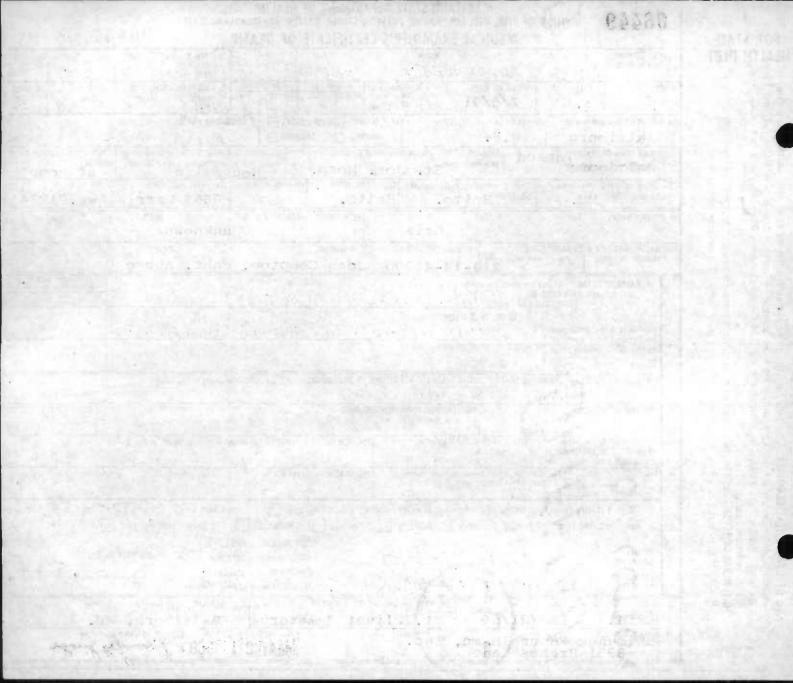
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2/1/29			Torre !	
	BOLLID, NO.	4 . 040.	ALMETS IS D.	2 . J . M. W.
.02		THE BLAND HOLD		i oslad su
		ره و کار ما ماها الحکام ا		

FOR STATE HEALTH DEPT. O DEPUTY ... DICAL EXAMINER: This certificate shauld be executed within 24 hours after deoth ... Siny delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item-18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5, may be ratained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to buriol, cremotion, ar removal, and in ony event within 72 hours ofter death 5 moy be retoined for your files. TO DEPUTY

VR A15ME (5)

06449	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120						
		MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH		
1. DECEASED-NAME	First		Middle	Inst		20 DATE VNC	

000	449 DIA				CERTIFICA		AKTLAND 2120	064	47	
1. DECEASE		First	ILDICAL LA	Middle	Los		20. DATE KN	OWN Month	Day Yegr	2b. HOUR
(Type o	11104	-	ELIZAC		BULG		OF ES DEATH MA	ATED MA	9 18 49	М
3. SEX	4. RACE	7	78/91	6. AGE (In y	years IF UNDER 1 YI ay) MONTHS O	AR IF UNDER 24 AYS HOURS	MIN Month	NOUNCED DEAD '	Year 1969	2d. HOUR
	LACE (Stote or foreign		N OF WHAT COUNTE		MARRIED NEVEL		9. COUNTY OF DEATH	MOR	E.	Mo
O. CITY OF	KIND OF DEATH T	owson	11. NAME OF HO	OSPITAL OR INSTITU	UTION (If not in hos	pital 12a. USU during m	JAL OCCUPATION (Kirnost of working life,	even if retired.)	12b. KIND OF BUSI INDUSTRY at ho	INESS OR
30. USUA odmissio	RESIDENCE (Where on) STATE Md.	deceosed lived,	il institution: Residunt Balto	dence belore 13c.	alto.	YES NO			Ave.21	234
4. FATHER	'S NAME First		Middle	lost Gris	1S. MOTHER'S	MAIDEN NAME	First unknow	Middle W N	Lost	
	ECEASED EVER IN U.S. A or unknown) (If	RMED FORCES? yes give war or dates i	of service)	AL SECURITY NO.	17. INFORMANT	Compton	dght.	ADDRESS	Miral.	
18.	CAUSE OF DEATH (Er PART I. DEATH WAS	ter only one cau CAUSED BY: AMEDIATE CAUSE	use per line for (a),	, (b), and (c).)	n INF				APPROXIMATE BETWEEN ONSET	
rise	litions, if ony, which one to immediate cause and the underlying co	DUI gove (o),	E TO. OR AS A COM	ISEQUENCE OF			VASCULA	r Disgris	:4	
	2. OTHER SIGNIFICANT	CONDITIONS CO		ATH BUT NOT RELI		AL DISEASE OR CO	NDITION GIVEN IN PA	RT 1(o)		
190. 210.	DATE OF OPERATION			DITION FOR WHICH PERFORMED?	OPERATION				20. AUTOPSY	Y?
FRIN	EXTERNAL CAUSE WAS MARY () OR CONTRIBU SE OF DEATH	TING [21b.	TIME OF INJURY MO HOUR A.M. P.M.	onth, Doy, Year	21c. HOW INJUR	Y OCCURRED (Enter	r nature of injury in	Part 1 or Part 2, 1t	tem 18.)	
~ ZIU. I	INJURY OCCURRED IILE NOT WHILE VORK AT WORK	21e. PLACE OF lactory, ollic	INJURY (At home, I ce building, etc.)	orm, street,	21f. LOCATION S	treet or R.F.D. No.	City or T	own	County	State
All		ot I took cha	rge af the remoi	ins described o	bave, held on	Autopsy ,	Inspection [4	Inquiry	and in m	y opinion
	death resulted fro	m: Notu	ral couses ,	Accident], Suicide [], Homicide	, Undeter	mined manner		
	TUAL MATURE MALE	hami	afue,	lun	2M.D.		AL EXAMINER	22b. DATE	SIGNED	-69
	MINER'S WILL	LIAM	A. PI	LISBUA	1		city hown, or county	in out.	5010	
Bui	AL, CREMATION, OVAL (Specify)	23b. DATE 5/21	./69	Mt. 01	eter or cremator ivet Ce	metery		imore,	Md.	tote)
24. FUNES	RAL DIRECTOR 11 munek	Funera	lHome,	Inc.		25o. REC'D I		25b. REGISTRAR'S		



ond 2 reath.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

116450				CERTIFIC	ATE OF	DEATH				06	448	
1. DECEASED-NAME (Type or print)	First LERO	Z	Middle LOUIS	BUI	Lost NCH		20. (OATE OF	DEATH Month MAY	ro,	1969	2bn 86n 12:00
3. SEX MALE		4. RACE W	HITE		S. DATE OF EBRI	BIRTH JARY 16	, 19	29	6. AGE (In yellost birthdo	ors y) N	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN
	ND DEATH ORE-TOW	SON give T	ME OF HOSPITAL OR INS	8. MARRIED [WIDOWED [STITUTION (IF NO	OIV	ORCED 120. US	UAL OCCU	PATION	DEATH IMORE (Kind of work life, even if re	done	12h KIND OF	BUSINESS OR
130. USUAL RESIDENCE (odmission) STATE	ND	136. COUNTY		13c, CITY OR	MORE		NO 🗌		25 E. I	MADIS	ON STR	æer
	First John		Bunch Sr		Ма	MAIDEN NAME Ty Bi		k		ddle		Lost
Yes, no, or unknown)	(If yes give war o	r dates of service) -Marin	66. SOCIAL SECURITY I	4-323	NFORMANT 3 GE	enevie	eve	Bun	ch, a	dress bove		IMATE INTERVAL
Conditions, if only, rise to immediat stating the under lost. PART 2. OTHER SIG. 190. DATE OF OPERA 210. ACCIDENT WA	e couse (o), rlying couse GNIFICANT CONDI	(c)	A CONSEQUENCE OF		THE TERMIN	OPSY?		20b. IF	V IN PART I(o) YES, WERE FIN OF DEATH?	DINGS CON	NSIDERED IN C	ERTIFYING
210. ACCIOENT WA	CAUSE DE DEATH	21b. TIME OF I HOUR A.M.	NJURY Month Doy Year	21c. HO	W INJURY O		_		y in Port 1 or	Port 2, Ite	m 18.)	1274
saw the o	RRED 21e. PL	haspital) atten	IT HDME, FARM, STREET, FAC FFICE BUILDING, ETC.	od fram_M	ay 8,	. 196	59	ta .	or Town		County	Stote
22b. SIGNATURE	forma	(we) (Ad) (d	id not) view the l	body ofter d	eath.	ING	MED. DIRECTOR		STAFF PHYS.	22c. DA	TE SIGNED	
NAME (Type)	N, 23b. DA1		23c. NAME OF		762	20 YORE	23d.	LOCATIO	TOWSON N (City or Tow	n)	(County)	(Stote)
REMOVAL SPETTA 24 FUNERAL DIRECTOR 2601 E.		14/69 ral Homon St.	Balto ne, Inc.	. Nat	. Cen	2So. REC'D	BY REGIS		2Sb. REGI	STRAR'S SI		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hau

ROLL CERTAIN ARTHURS OF THE STATE OF THE STA

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necessary, please execute the certificate, writing the word "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiners. Office along with form PM3 Page

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Alle pages Tand 2 with the State Department of Health prior to buriol, cremotion, or removol, and in ony event within 72 hours after death.

DICAL EXAMINER: This certificate should be executed within 24 hours ofter death

TO DEPUTY

0 VR A15ME (5)

16	DEL 5 DIVISION	M NE VITAL P	ARYLAND STATE DECORDS, 301 W. PRE	EPARTMENT OF	HEALTH	IAND 21201	N/E		
11	() () (4) Entriol		CAL EXAMINER'S				0	6450	
1	DECEASED-NAME First		Middle	Lost	OI DEATH	20. DATE KNOWN	Month	Doy Year	2b. HOUR.
	(Type or Print) JaHN	C	BIL	BDETTE		OF ESTI- DEATH MATED	MAY	17 1969	1:10 M
3.	SEX 4. RACE	S. DATE OF BIE	RTH 6. AGE (In	years IF UNDER 1 YEAR	IF UNDER 24 HRS.	2c. DATE PRONOUN	ICED DEAD		2d. HOUR
	MW	SEDT. 1	2 1895 73	day) MONTHS CIAYS	HOURS MIN	Month	Day	Yeor 19	м
		7b. CITIZEN OF WI		MARRIED NEVER MA		UNTY OF DEATH	O KIE	1	
	10 MD	U. S.1	4.	7-4		BALTIM		7.00	Mo
10	CITY OR TOWN OF DEATH		IAME OF HOSPITAL OR INSTIT street address)		during most o	CCUPATION (Kind of of working life, ever		12b. KIND OF BUSI	NESS OR
13	MESVICE		MT. WILNO	1 LANG	RETIAL	13e. STREET AND N		INDUSTRY LO.	R.B
	o. USUAL RESIDENCE (Where deceose admission) STATE	13b. COUNTY	BASTIMUSE PI	KERILLE.	YES NO NO	BOX 228		1.640N	1 11
14	FATHER'S NAME First	Middle		15. MOTHER'S MA			Middle	Lost	57
	TRITLE S NAME			111	ELLA		madio	COST	
	. WAS DECEASED EVER IN U.S. ARMED F	ORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	,	ADD	ORESS		
1	(Yes, no, ar unknown) (If yes give	war or dates of service)	705-05-728	C JOHN C.	BURDEY	TE JE:	3614 C	ROYPON	RD
Г	18. CAUSE OF DEATH (Enter onl		line far (o), (b), and (c).)		7. 3000		1033114	APPROXIMATE BETWEEN ONSET	INTERVAL AND OFATH
1.	PART I. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (o)	Coronary	Occlusion				hr	
	4109		R AS A CONSEQUENCE OF					85.3	
	Canditions, if ony, which gove rise to immediate couse (a),	(b)	ALTER HELD	- 18 1 8				A Park	5
	stating the underlying couse	DUE TO, OF	R AS A CONSEQUENCE OF					1000	
	last.	(c)					4.1	1	
-	PART 2. OTHER SIGNIFICANT CONDI	LIONS CONTRIBUT	ING TO DEATH BUT NOT KEE	AIED TO THE TERMINAL I	DISEASE OK CONDITIO	ON GIVEN IN PART I	(0)		
CERTIFICATION	190. DATE OF OPERATION		196. CONDITION FOR WHIC	H OPERATION	H1472			20. AUTOPSY	?
TIFIC	none	437460	WAS PERFORMED?					YES 🗌	NO K
MEDICAL CER	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH none	HOUR A.	INJURY Manth, Day, Year .M. .M. 19	21c. HOW INJURY O	CCURRED (Enter nati	ure of injury in Port	1 or Part 2, Ite	em 18.)	
ME		PLACE OF INJURY (tory, affice building	(At hame, farm, street, ng, etc.)	21f. LOCATION Street	or R.F.D. No.	City or Town		County	Stote
	22a. I certify that I to death resulted fram:		the remains described a ses 🗷 , Accident [, Suicide ,	Hamicide 🗌	spectian * , , Undetermine	Inquiry 🗷	, and in m	y opinian
10	ACTUAL 9 9.	Gan	len-		IEF MEDICAL EXAMIN		22b. DATE S	COLED	
	SIGNATURE	ay	we		SISTANT MEDICAL EXAM				
	EXAMINER'S D. D. C	aples, l	M.D. 6 H	anover Rd. AB	DRESS(Siree), city, to	NINER KI Stown Md	•	13-17-18-	47.3
23		DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d	. LOCATION (City or	Town)	(County) (S	tote)
7	REMOVAL (Specify)	94 1119	69 MORELA	WW MEG	Pt.	BALTO	141)	
24	FUNERAL DIRECTOR	-1	ADDRESS	min-	2So. REC'D BY RE		REGISTRAR'S S		
	N12/2 -7/01	E BMON	soe ave	131170.	L YAMBIAD	2 1969	1	00	

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MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF VITAL RECORDS, 301** W DECTON CIDEET BAITIMODE MADVIAND 21203

, 301 W. PKE310	M SIKEEI, DALIIMOKE, MAKILANL	21201
CERTIFICATE	OF DEATH	064

_						CLIXIII	CAIL O	PLAIII			00	CF	1
	ECEASED-NAME		First		Middle		Lost		20. DATE OF				2b. HOUR
(Type or print)	Will	iam	D	aniel		Bush,	Sr.		Month 5	p8 9	eor 9	6:30
3. S	EX		4. F	ACE			S. DATE OF	BIRTH		6. AGE (In years	IF UNDER		IF UNDER 24 HRS.
	Ma.	le		Wh:	ite		10	0-29-98		lost birthdoy)	RS. MONTHS	OAYS	HOURS MIN
	BIRTHPLACE (Sto	te or foreign	7b. CI	TIZEN OF WHA		8. MARRIEL	NEVER M	ARRIED	9. COUNTY OF	DEATH			_ 40
	ntry) pern.N.J	Dakota		US	A	WIDOWED		ORCED 🗍	Ralt	imore .			Md.
	CITY OR TOWN (11. NAM	E OF HOSPITAL OR IN	STITUTION (IF	not in hospital		AL OCCUPATION	(Kind of work dor			BUSINESS OR
	Baltin	nore		give str	eet oddress) Joseph '	s Hos	pital	during m	ost of working I etired	life, even if retired Driver	(i.) INDU	STRY Tale	na
130.	USUAL RESIDEN	CE (Where de		d, if institution	n: Residence before	13c, CITY C	OR TOWN	13d. INSIDE CITY I	LIMITS? 13e. STR	REET AND NUMBER			118
oum	iission) STATE	Maryla	nd 136	. COUNTY B	altimore	Balt	timore	YES N	° 🔀 250	5 Linwood	d Road	1	
14.	FATHER'S NAME	First		Middle	Lost		1S. MOTHER'S	MAIDEN NAME		Middle			Lost
3.		Herma	ın		Bush	1773			Floren	ce	Rel	nar	dt
160	. WAS DECEASED Yes, no, or unkno	EVER IN U.S.	ARMED FOI		6b. SOCIAL SECURITY		. INFORMANT			Address			SUN DE
	Yes	Will) (1. Jos	WW	1	213-01-	452B	Mrs.	Mary (Carlocl	ζ	(Sa	ame	
	18. CAUSE OF	DEATH (Ente	r only one	couse per line	for (o), (b), and (c).)					9		MATE INTERVAL INSET AND DEATH
	PART I. D	EATH WAS CA	IUSED BY: NEDIATE CAU	SE (o)	Cardio-re	spira	tory in	suffic	iency				
П	4/2	3		1 1	A CONSEQUENCE OF					lure:			14.2 72.4
	Conditions, if		ove)		Broncho		_			,			
	rise to immed				A CONSEQUENCE OF		14			100		-	-1.5
	last.		-)	(c)									
	PART 2. OTHE	R SIGNIFICANT	CONDITION	S CONTRIBUTION	IG TO DEATH BUT N	OT RELATED	TO THE TERMIN	IAL DISEASE OR	CONDITION GIVEN	IN PART 1(o)			
N	Ade	nocar	cinoma	a of th	ne prosta	te wi	th bone	metas	tasis.				
CERTIFICATION	190. DATE OF O	PERATION	19b. CONDIT	ION FOR WHICH	OPERATION WAS PE	RFORMED	2Do. AU	TOPSY?		YES, WERE FINDING OF DEATH?	S CONSIDERE	ED IN CE	ERTIFYING
RTIFI		1000					YES	_					+
	210. ACCIDENT			TIB. TIME OF I	NJURY Month Doy Yeor	21c.	HOW INJURY C	CCURRED (Ente	r noture of injur	y in Port 1 or Port	2, Item 18.)		112.3
MEDICAL	(If either, noti	fy medical ex	ominer)	P.M.	19								
W	21d. INJURY C	CCURRED	21e. PLACE	OF INJURY (A	T HOME, FARM, STREET, FAI FFICE O UILDING, ETC.	TORY.) 21f.	LOCATION St	eet or R.F.D. No	city	or Town	Count	У	Stote
		work									100		
	22a. I certi	fy that (X)	(this has	pital) atten	ded the decease	ed fram_	May	3, 19	69 , ta	May 8	19_69	, that	(we) last
4	saw th	e decease	d alive a	nM	ay 8 1	hady after	nd that in (i r death	my) (aur) ap	inian death a	ccurred an the	date and	haur	and from the
н	22b. SIGNATUR		440, (1)	10) (ala) (a	id har view me	bady direi	doum.			1 2	2c. DATE SIGI	NED	
		J	A:	lle	1	DEC	GREE PHYS.	DING	MED. DIRECTOR	CTAFF and	lay 9.		69
	22d. PHYSICIAI	N'S -			16							-	
	NAME (Ty	pe) In	es Ci	liani	M. P.	335	762	20 York	Road, 1	Cowson, N	ld. 21	204	
230.	BURIAL, CREMA		3b. DATE		23c. NAME OF	CEMETERY O	R CREMATORY		23d. LOCATIO	N (City or Town)	(Count	ly)	(Stote)
	REMOVAL (Spec	ity)	5/1	2/69.	Park	poor	Cemet	ery		imore,	Ind.		
	FUNERAL DIRECT	FOR			ADDRESS			2Sa. REC'D E	Y REGISTRAR 1969			RE	9 :
Le	eonard	J. R	uck,	Inc.	Balto.	Md.	21214	DATE	1 7 1368	1	L'an	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fameral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after-death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06459

			CERTIFIC	ATE OF DEA	TH		U	CPU	~
DECEASED-NAME (Type or print)	First John .	Middle Patric	k (lost Callanan	2a.	May 26 19	969 ^{Doy}	Year	2b. HOUR]
3. SEX	4. RA			S. DATE OF BIRTH 9-3-1919		6. AGE (In y	eors If	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (Stote of country)	e l	EN OF WHAT COUNTRY? JS	WIDOWED [UNTY OF DEATH Baltimore			Mo
10. CITY OR TOWN OF D	EATH	give street address) St. Joseph	istitution (if no Hospita	t in hospital 12a dur		CUPATION (Kind of working life, even if r		12b. KIND OF E INDUSTRY	
13a. USUAL RESIDENCE (admission) STATE Marylance	Where deceased lived, 13b.	if institution: Residence befare OUNTY	13c, CITY OR Balti	TOWN 13d. INSID	E CITY LIMITS?	13e. STREET AND NUM 109 Beach	MBER		
14. FATHER'S NAME 16a. WAS DECEASED EVI Yes, no or unknown)	First ### In U.S. ARMED FORCE Output Output	S? 16b. SOCIAL SECURITY	n 17. II	MOTHER'S MAIDEN N	Mar	garet	ddress	allor	Last A MATE INTERVAL
Conditions, if ony, rise to immediat stating the under	which gave e couse (o), lying couse	(b) Chronic r (c) Chronic r (b) Chronic r (c) CONTRIBUTING TO DEATH BUT N	xx py	elonephri	tis.	y to chroni			
19a. DATE OF OPERA	ATION 19b. CONDITIO	N FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	NO 🔲	20b. IF YES, WERE FI CAUSES OF DEATH?	NDINGS CONS	IDERED IN CE	RTIFYING
OR CONTRIBUTING (If either, notify n	CAUSE OF DEATH HO nedicol exominer) RRED 21a PLACE OF	D. TIME OF INJURY P.M. Month Doy Year P.M. Month Doy Year P.M. (AT HOME, FARM, STREET, F.) OFFICE BUILDING, ETC.	9			re af injury in Part 1 of		n 18.) County	State
saw the couses st 22b. SIGNATURE	thot (1) (This haspi deceased olive on	tal) attended the deceose (did) (did (of) view the	sed from 19	thot in (my) (ou eath. ATTENDING PHYS.	19 <u>69</u> r) opinion	death occurred or STAFF OR PHYS.	22c. DAT	ond hour of signed 26, 19	ond from the
22d. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE	9 New	Cemetery or	CREMATORY dral	23d	ad, Towson, LOCATION (City or To	wn) (County)	(Stote)
24. FUNERAL DIRECTOR H.W. Jenk		ns Co. 4905	York	Ra	MAY 2	2 7 1969	GISTRAR'S SIG		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending—physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers, shauld be tiled with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hour

VR A15 (1) 30M REV. 17 68

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S. s gral gar Bulleting Self Relative California B.W. Jenkins | Jones Eg. 1595 Years Hd. | He way 27 1859 Property C. A. 1950

Catonsville, old 21228

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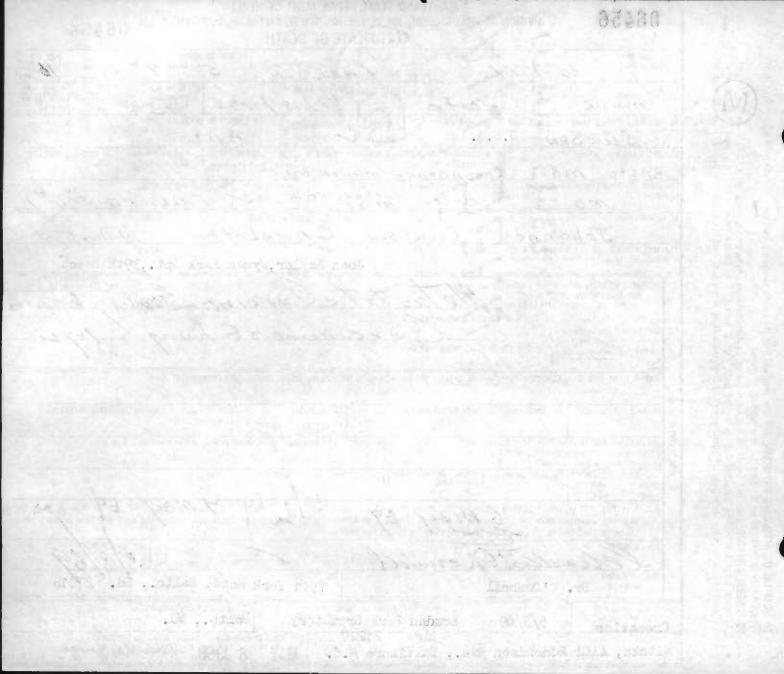
2Sa. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

ADDRESS

Witzke, 4101 Edmondson Ave., Baltimore M.d.

24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH

11.35 P. 13.35		TERLA	SOHOAD	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00438		CERTIFICA	ATE OF DEATH		06456
1. DECEASED-NAME. (Type or print)	First a.s.ta.	Middle	1 .1	May Manth 28 Doy	1968 1135p
Female.	4. RACE Whi	re.	July 29, 189	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS GAYS HOURS MIN
o. BIRTHPLACE (Stote or fore ountry) O. CITY OR TOWN OF DEATH	11. NAME	WIDOWED WIDOWED	DIVORCED 120. USUAL OC	Ballimore, CUPATION (Kind of work done	12b. KIND OF BUSINESS OR
idmission) STATE MAR P	e deceosed lived, if institution	D II I (III CITY OD T	OWN 13d. INSIDE CITY LIMITS?	working life, even if retired.) Wife 13e. STREET AND NUMBER Old Court Rd.	INDUSTRY .
4. FATHER'S NAME First	Middle S	Mabbett N	MOTHER'S MAIDEN NAME First	Middle	Getz.
16a. WAS DECEASED EVER IN Yes, na, ar unknawn)		15-54-1:689 DA	FISY E. Hamil	ton. 615 Che	stnut Aug. L
PART I. DEATH WA	DUE TO, OR AS A be see (a), (b)	A CONSEQUENCE OF A CONSEQUENCE OF	cular accide	enf	DETWEEN ONSET AND DEATH DULLES YEARS
	ANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)	
19a. DATE OF OPERATION 21a. ACCIDENT WAS UN	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
21a. ACCIDENT WAS UN	SE OF DEATH HOUR A.M. P.M.	Month Doy Yeor		re of injury in Part 1 ar Part 2, I	Item 18.)
While Nat while at wark		HOME, FARM, STREET, FACTORY.) 21f. LOCA		City or Town	County Stote
saw the dece	ased alive an Ma	ded the deceased fram Ma 1969, and dinat) view the bady after de	that in (my) (aur) apinian	death accurred an the da	(1) (we) late and fram the
22b. SIGNATURE	land ES	ay MD DEGREE	ATTENDING MED. DIRECTO	STAFF COLORA	DATE SIGNED 29,1969
NAME (Type)		/	4-8-332	St Bultann	e Md.
Burial, CREMATION, Burial (Specify)	23b. DATE May 31, 69	23c. NAME OF CEMETERY OR CI	emetery B	LOCATION (City or Town) altimore, Mary	
24. FUNERAL DIRECTOR Loring Byers	8728 Liberty	ADDRESS Re. Randallstow	2So. REC'D BY REC	1969 2Sb. REGISTRAR'S	SIGNATURE

VR A15 (4) 30M REV. 1/68

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FOR STATE HEALTH DEPT.

O DEPUTY SICAL EXAMINER: This certificate should be executed within 24 haurs after death. Any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages (1 and 2, with the State Department of in the second Health priar ta burial, crematian, ar removal, and in any event within 72 haurs after death.

TO DEPUTY

VR A15ME (5)

U645	9 DIVISIO		MARYLAND ITAL RECORDS, 30 MEDICAL EXAM	1 W. PRESTOR	STREE	T, BALT	IMORE,	MARY		06	457
DECEASED-NAME (Type or Print)	HARR	rst Y	ED W	Idle PRD	C	Lost AWO	OD		20. DATE KNOWN SO OF ESTI- DEATH MATED	Month [5 - 9	ay Y
SEX M	4. RACE	S. DA	TE OF BIRTH	6. AGE (In years last birthday) 7 YRS.	MONTHS	DAYS	IF UNDER HOURS	24 HRS. MIN.	2c. DATE PRONOUNCED Manth 5	DEAD Day	Year 19
BIRTHPLACE (Stat	e or foreign	7b. CITIZI	EN OF WHAT COUNTRY?	8. MAF	RIED 🔀	NEVER MAR	RRIED	9. COL	JNTY OF DEATH		

		ECEASED-NAME Type or Print)	ARRY		ED W7	PRD	Lost	JOOD		2a. DATE OF DEATH	F211	Month 5-9	Day Ye	1969	26. HOUR 23 M
1	3. SE	4. R	ACE V	S. DATE OF BIRTH		S. AGE (In years last birthday)	MONTHS DAY	_	24 HRS.		RONOUNCED	DEAD Oay		69	2d. HOUR 23 M
	7a. B	BIRTHPLACE (State or fi	oreign 7b.	CITIZEN OF WHAT	A	WI		OVORCED _	9. COU	NTY OF DE	ATH BAKT	(0.			Md
0	P	ITY OR TOWN OF DEA BA人TO。		give str	723 Edi	monds	ON (If not in hosp on Ave	durin	Emost of	KEKING II	Kind of wor fe, even if re Trai	nsit	12b. KIND OF INDUSTRY Comp		
3	13a.	USUAL RESIDENCE (W dmission) STATE	here deceased	lived, if instituti	on: Residence b		ty or town	YES T	NO 🔀	13e. STREET	3 E		DSON	١	
1	14. F/	ATHER'S NAME Ed	First Win N	TNOWN	Cawoo	lost d	1S. MOTHER'S		UN'	KNOW	N Midd	ile		Last	
		WAS DECEASED EVER IN			66. SOCIAL SECUR 213-10-		17. INFORMANT	, ASI	A B	3.	CAWI	000		SA	ME
		18. CAUSE OF DEA PART I. DEATH Canditions, if only, we rise to immediate stating the underly last.	WAS CAUSED B IMMEDIATE which gave cause (a),	CAUSE (a) DUE TO, OR A	s for (a), (b), and	CE OF	ASSIVE	. со	Rok	IARY	8			-	NTERVAL AND DEATH LES
		PART 2. OTHER SIGNII	FICANT CONDITIO	ONS CONTRIBUTIN	G TO DEATH BUI	NOT RELATE	D TO THE TERMINA	L DISEASE OR	CONDITIO	N GIVEN IN	PART I(a)				
)	CERTIFICATION	19a. DATE OF OPERA	TION	1	9b. CONDITION F WAS PERFOR		PERATION						20. AU YES	ITOPSY?	NO 🗗
	MEDICAL CER	210. EXTERNAL CAUSE PRIMARY OR COM CAUSE OF DEATH 21d. INJURY OCCURRE WHILE AT WORK AT WOR	TRIBUTING D 21e. PLA	21b. TIME OF IN HOUR A.M. P.M. ICE OF INJURY (At ry, affice building,	hame, farm, str	19	21c. HOW INJURY 21f. LOCATION Str				in Part 1 ar r Tawn	Part 2, Ite	m 18.) County		State
2		ACTUAL SIGNATURE EXAMINER'S NAME (Type)		k charge of the Natural couse , Sch			M.D.	utopsy , , Homicia CHIEF MEDICAL ASSISTANT MEDIC DEPUTY MEDIC ADDRESS(Stree	de, EXAMINI DICAL EXA AL EXAMI	ER	ermined n	uiry [] nanner [in my	y opinion
	23a.	BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. Da	13-69			Cemete				(City or Town		(County)	(Sto	ate)
0	24.	FUNERAL DIRECTOR PRMAC	05T-	4600		IDDRESS LIBER	TY 46	250. REC	D BY REC	GISTRAR	2Sb. REG	SISTRAR'S S		Lat.	

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er death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06458 CERTIFICATE OF DEATH

1. DECEASED-NAME First (Type or print) DONALD	PRESTON	Middle COCKEY		Lost	1335	20. DAT	E OF DEATH Month 9,	Doy 19	69 ^{eor}	2b. HOUR
3. SEX Male	4. RACE ###	di di di di di di sian	###]	s. date of b Novemb	er 25,	1925	6. AGE (In years lost birthday) 43		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7o. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED WIDOWED		RRIED		OF DEATH Baltimore			Md
10. CITY OR TOWN OF DEATH TOWSON		ME OF HOSPITAL OR INS	ITUTION (If no		Maiens	L OCCUPAT	TION (Kind of work do king life, even if retire	ne 1 d.)	12b. KIND OF I INDUSTRY	BUSINESS OR
13a. USUAL RESIDENCE (Where deceosodmissian) STATE Maryland	ed lived, if institution 13b. COUNTY Ba	n: Residence before 1 timore	13c. CITY OR Timon:		YES NO		e. STREET AND NUMBER 25 Cinder		i	
14. FATHER'S NAME First Jeremiah	Middle	Lost Cockey		Mother's M Mary	AIDEN NAME FI	rst	Middle	9	Bowen	Last
160. WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) Ulyes one w Yes, or unknown) W.W.	manufacture of some of	66. SOCIAL SECURITY N 219-12-82		FORMANT s. Bet	ty Cock	key,	Addres Same as #	-		MATE INTERVAL
18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIA Canditians, if any which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COM	D BY: ATE CAUSE (o) DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF CLENT NA A CONSEQUENCE OF	your	dial	Infar	tion tho	GIVEN IN PART 1(a)		GETWEEN O	Miser and death
190. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20a. AUTO			b. IF YES, WERE FINDIN JUSES OF DEATH?	GS CONS	IDERED IN CE	ERTIFYING
OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. P.M.	Month Doy Year					injury in Port 1 or Par			
While Not while at wark		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	4-1-1	CATION Stre	et ar R.F.D. Na.		City or Town		County	State
22a. I certify that () (the saw the deceased a causes stated above	live an 5	5	962, and	that in Meath.		7_, ta nian dea		19 <u>6</u> e date (<u>g</u> , that and haur	(M) (we) last and fram the
22b. SIGNATURE	7 Aole	mon 1	10 DEGRE		N DI	ED. RECTOR	STAFF PHYS.	22c. DATE May	e SIGNED	969
22d. PHYSICIAN'S NAME (Type) Lawre	nce F. So	lomon , M	. D	22e. ADI	7. /	CHE	ARN OR.			
23a. BURIAL, CREMATION, BURYAL (Specify) Ma		23c. NAME OF C				s Fi	CATION (City or Town) Lnksburg, A	lary.	County) land	(State)
24. FUNERAL DIRECTOR Wm. Cook-Brooks		ADDRESS			2Sa. REC'D BY	Y REGISTRA	1959 25b. REGISTR	AR'S SIG	NATHRE	je.

The funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please temave carban papers and shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours. Page 4 may be retained by the haspital ar attending physician.

30M REV. 1768

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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				CL	KIHIC	AIL OI D	LAIII			0 7 0 0	
	EASED-NAME	First		Middle		Lost		2o. DATE OF	DEATH	v	2b. HOUR
(Ty)	pe or print) MA	RGUERI	TE		CON	NOLLY		May	Month 24 Do	^y 1969 ^{°°°}	5:45AM
3. SEX			4. RACE			S. DATE OF BIRTH	1		6. AGF (In veors	IF UNOER I YEAR MONTHS DAYS	IF UNDER 24 HRS.
	Female		Whi	te	-	12-16-1	1890		lost birthdoy) YRS.	MUNIHS DATS	MOOKZ WIN
7o. BII	RTHPLACE (Stote or f	oreign 7	b. CITIZEN OF W	'HAT COUNTRY? 8.	MARRIED [NEVER MARRIE	D 9.	COUNTY OF	DEATH		
COUIIII	^(y) Marylan	d	United	States	WIDOWED [DIVORCE		Baltime	ore		Md
10. CIT	ry or town of deat Fowson		11. N	AME OF HOSPITAL OR INSTIT	UTION (If no spital	t in hospitol			(Kind of work done if even if retired.) Homemake:	12b. KIND OI INDUSTRY	F BUSINESS OR
13o. U odmiss	ISUAL RESIDENCE (Whosion) STATE	ere deceosed Land	lived, if institu 13b. COUNTY	tion: Residence before	3c. CITY OR Baltir	N/I	INSIDE CITY LIMITS		EET AND NUMBER + Tunbrid	ge Road	
		irst	Middle	Lost	15.	MOTHER'S MAIDE	EN NAME First		Middle		Lost
	Michae	el J.	Kram	Mary Charles		Carol	Line Bu	masch	u		
160. V	WAS DECEASED EVER		O FORCES? or dates of service)	16b. SOCIAL SECURITY NO.		FORMANT			Address		
1	no, or unknown)	(11 / 02 g 11 0 11 0 1		216-46-954	0 Dr	. Harry	J. Con	nolly	, 5221 Sp		
	PART I. DEATH V 4339 Conditions, if ony, w	NAS CAUSED I IMMEDIATE	BY: CAUSE (o) DUE TO, OR	ine for (o), (b), ond (c).) Terminal AS A CONSEQUENCE OF Cerebrov	ascul	ar thro	mbosis	with			XIMATE INTERVAL ONSET AND DEATH
1	nse to immediate c stating the underlyi last.		(c)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	left zed a	hemiple: rterios	gia clerosi	is			
	PART 2. OTHER SIGNI	FICANT COND	ITIONS CONTRIBI	UTING TO DEATH BUT NOT	RELATED TO	THE TERMINAL D	ISEASE OR CON	IDITION GIVEN	IN PART 1(o)		
CERTIFICATION	190. DATE OF OPERATION	ON 19b. CC	NDITION FOR W	HICH OPERATION WAS PERFO	DRMED	20a. AUTOPSY	/? NO □ c		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN	CERTIFYING
3	21o. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH	HOUR A.M.	Month Doy Yeor	21c. HO	W INJURY OCCUR	RED (Enter no	oture of injur	y in Port 1 or Port 2,	Item 18.)	
	21d, INJURY OCCURR While Not while	ED 21e. Pl	LACE OF INJURY	(AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.					or Town	County	Stote
	22a. I certify th saw the de couses stat	at (X) (this ceased alived obove,	hospital) att ve onMa M) (we) (XX	tended the deceased y 24 199 (did not) view the bo	from Ma	that in (1979) eath.	, 1 <u>69</u> (our) opinio	, to <u>l</u> on deoth o	May 24 , 19 ccurred on the d	9 <u>69</u> , tho late ond hour	t (IX (we) las r ond from the
	22b. SIGNATURE	和	llala	mio	DEGRE			CTOR	STAFF PHYS.	DATE SIGNED 5-24-6	9
	22d. PHYSICIÁN'S NAME (Type)	A. Vil	lifania	a, M.D.		22e. 400 RFS	o York	Road,	Towson,	Md. 212	.04
E	BURIAL, CREMATION, REMOVAL (Specify)		27, 19		thedra	al Cemet	ery	Bal	N (City or Town) Ltimore, N		(Stote)
24. F	UNERAL DIRECTOR	Imera	Home	4210 BALDRESS	Road	25	So. RECIPACI	REGISTRAR 4	25b. REGISTRAR	S SIGNATURE	

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Page 1 and 2 shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate ba Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1 68

executed within 24 haurs after death.

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate-be-executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)

06463

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CENTIFICATE OF DEATH

06461

				CERTIFI	CALE OF D	EAIR				
	ECEASED-NAME / First		Middle		Last		2a. DATE OF D			2b. HOUR
(Type or print) NELLI	5	MAY	Co	DRMACK		Mix	Manth [Day Year 1969	12:05 PN
3. S	EX	4. RACE			S. DATE OF BIRTH	1	16	6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	1	w			MAYL	1225		last birthday)	MONTHS CAYS	HOURS MIN
	BIRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MARRIE	D 9.	COUNTY OF D	EATH		
COU	Maryland_	U.S	.A	WIDOWE	DIVORCE		Baltim	ore		Md
	CITY OR TOWN OF DEATH	11. N giye	AME OF HOSPITAL OR IN:	STITUTION (H	f nat in haspital	12a. USUAL (OCCUPATION (F	Kind of work dan	ne 12b. KIND OF INDUSTRY	BUSINESS OR
_	Baltimore 21234		street address) 511 Oaklei					fe, even if retired.	Home	
	USUAL RESIDENCE (Where decease issian) STATE Marvland	13b. COUNTY Balt:			· ·	ES NO	7	ET AND NUMBER	1 7	
14	FATHER'S NAME First	Middle	Lmore	Balt	o 21234	EN NAME First		1 Oaklei Middle	Lgh Road	Last
14.		Middle			13. MOTHER 3 MAID			MIGGIE	01 3	
160	. WAS DECEASED EVER IN U.S. ARM	ED FORCES?	Riley 16b. SOCIAL SECURITY		. INFORMANT	Honor	a	Address	Staylo	r
1	(es, na, ar unknawn) (If yes give wa	r or dates of service)	214-01-81	7. 52	Managanat	Camma	ole			
	1B. CAUSE OF DEATH (Enter only	one couse ner li			Margarer	- COLINS	Lik			MATE INTERVAL
			CARDI		ARRE	CZ			BEJWIEN (ONSET AND DEATH
e	41211 III		AS A CONSEQUENCE OF							
	Canditians, if any, which gave		ARTE		- LECON	CIAR	a-nuns.	CHARL	OKE -	10405
	rise to immediate couse (a),(stating the underlying couse(AS A CONSEQUENCE OF				0/0-1,2			Carried States
	last.	(c)								
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBU	ITING TO DEATH BUT N	OT RELATED	TO THE TERMINAL D	ISEASE ORCON	DITION GIVEN I	IN PART I(a)		
z										
CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WH	IICH OPERATION WAS PE	RFORMED	20a. AUTOPSY	?			S CONSIDERED IN C	ERTIFYING
TIFIC					YES 🗀	NO 🖂	CAUSES O	OF DEATH?		
	21a. ACCIDENT WAS UNDERLYING			21c.	HOW INJURY OCCUR	RED (Enter no	ature of injury	in Part 1 or Part	2, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF GEATH	er) P.M.	Manth Day Year	9						
ME	21d. INJURY OCCURRED 21e. I	PLACE OF INJURY	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f.	LOCATION Street a	r R.F.D. No.	City or	r Town	County	State
	at wark at wark									
	22a. I certify that (I) (this	haspital) att	ended the decease	ed fram_	JUNE.	1965	, ta_ M	PY	19 <u>69</u> , that	(I) (we) last
Н	saw the deceased ali causes stated abave,	(I) (we) (did)	(did nat) view the	bady afte	na mai in (my) r death.	(aur) apinio	an death ac	curred on the	date and haur	and tram the
0.	22b. SIGNATURE	(1) (110) (110)	(4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.					22	2c. DATE SIGNED	
	land,	1 1 ha	my Day Mi	DE DE	GREE PHYS.	MED.	CTOR	STAFF PHYS.		469
Н	22d. PHYSICIAN'S NAME (Type)	11 /	- manic	4.	22e. ADDRES		73/00	CHBAIL	//	
_	7/7		o'mans						NEUD	
230.	BURIAL (REMATION, REMOVAL (Specify)		23c. NAME OF					(City or Town)	, , , ,	(State)
24	Burial Ma	y 5, 190	69 New C	athed	ral Cemet	ery	Baltin	more Cou	nty Mary	land
							5 1969		rley Young	.0
	William E. John	190n 85	21 Loch Re	wan R	1 TEA D	WASE CT 1	COU	Resource	TURY YATERY	250

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06464 06462 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH DECEASED-NAME First Lost 2b. HOUR (Type or print) 910 NNA ELIA IF UNDER 1 YEAR 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS last birthdoy) HOURS MONTHS 06 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED | TIMORE 12a, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) WSON 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmissian) STAFE 134. COUNTY 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES V NODA Stead more 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Last 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no. or unknown) 220-14-571 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove) ulars CU rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY. 21f. LOCATION Street or R.F.D. Na. State City or Town County While Nat while at work 22a. I certify that (I) (this hospital) oftended the deceased from sow the deceased olive on 19.69. 1969, and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stoted above, (1) (we) (did) (did not) view the bady after death.

22e. ADDRESS

ATTENDING PHYS.

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type)

22b. SIGNATURE

23b. DATE

Wm Cook- BROOKS TOWSON, INC

5-12-69

23c. NAME OF CEMETERY OR CREMATORY ocalhama CEMETERY 23d. LOCATION (City or Town)

BALTIMORR

(County) (State)

24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION

REMOVAL (Specify)

TOWSON, md

2Sa. REC'D BY REGISTRAR 1969

Milliantas Indas

25b REGISTRAR'S SIGNATUR

TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detache shauld be filed with the State Dept. VR A13 21 2012 (Internal Company of the Compan

FOR STATE HEALTH DEPT.

PM3. Page O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. Jiny delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18: Give Pages 1, 2, and 3 to 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with farm priar ta burial, cremation, ar remaval, and in any event within 72 hours after death. TO DEPUTY Health

() (0400		MEDICA	AL EXAMIN	NER'S C	ERTIFICAT	E OF D	DEATH	/	0646	3
	ASED-NAME a ar Print)	First	abeth	Middle B.	С	romwel	1		20. DATE KNOWN Month OF ESTI- DEATH MATED		2b. HOUR
3. SEX Fe	male	White	5. DATE OF BIRT 11/29		AGE (In years log bighday)	MONTHS DA		DER 24 HRS. MIN.	2c. DATE PRONOUNCED DEAD Magbyh Doy	Yeor 196	2d. HOUR
7o. BIR1 country)	HPLACE (Stote N . Y		USA	T COUNTRY?		ARRIED MEVER	MARRIED		INTY OF DEATH/ Baltimor	e	Mo
13a. US		n (Where deceose	give st	ME OF HOSPITAL O reet address) S1 ion: Residence be	- Jo fore 13c. CIT	seph H	duri	Cle:	13e. STREET AND NUMBER	Lauce	usiness or ation
	ssian) STATE	Md.	- V	altimo			YES		439 Eveshan		
4. FAIH	ER'S NAME	First Herbe	Middle	Varne	ast EV	1S. MOTHER'S		AE First	Middle OWN	1	Last
	DECEASED EVE	R IN U.S. ARMED FO	ORCES? ar or dates of service)	16b. SOCIAL SECURI	9	17. INFORMANT Edwi	n B.	Cro	mwell 439 Ev	vesham /	Ave
nis str	se to immedia ating the und st.	y, which gove one couse (o), lerlying cause GNIFICANT CONDIT	(c)	AS A CONSEQUENCE		TO THE TERMIN	A DISEASE O	OR CONDITIO	ON GIVEN IN PART I(a)	10 4	· AS
CERTIFICA 51	o. DATE OF OP 3 o. EXTERNAL CO	31/6 AUSE WAS	9 216. TIME OF 1	19b. CONDITION FO WAS PERFORM - NJURY Manth, Day,	AED?	yse 7	OCCURRED	Enter notu	of Temu ure of injury in Port 1 or Port 2,	20. AUTO	
WED 21	d. INJURY OCC	JRRED 21e. P.	ACE OF INJURY (A ory, office building	t home, form, stre	19 6g et,	21f. LOCATION St	eet ar R.F.D.	Na.	City or Town	Caunty	Stote
5	22a. l c	ertify that I to	Natural cause S F . O	Accid	dent ,	Suicide	, Hamin CHIEF MEDIC ASSISTANT M DEPUTY MED	CIDE COMENTAL EXAMINATEDICAL EXAM	AMINER 226 DA		my apinion
	URIAL, CREMATI		DATE /12/69			y or cremator Park C			. LOCATION (City or Town) Baltimore	Balto.	(Stote) Md
	NERAL DIRECTO		feld Ho		ODRESS O Yor	k Rd.		EC'D BY RE		'S SIGNATURE	2, 1

Musika Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06465 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Ben Month Ma AGE (In years 3 SEX 4 RACE S DATE OF BIRTH lost birthday) AONTHS T DAYS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Baltimore Md. TISA WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12h, KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Carpenter, Foreman White Marsh Govt. Ret 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES NO S White Marsh Box 175 Ralto. 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Middle Middle Last Albert Cullum Mattie Jones -16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, no, or unknown) 214-12-0311 Cullum. White Marsh. Md. Mrs. May M. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work ot work 22a. I certify that (1) (this haspital) attended the deceased fram_ 1967, ta 22b. SIGNATUR 22c. DATE SIGNED M.D. ATTENDING DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 3 4 E OF CEMETERY OR CREMATORY 23d. OCATION (City or Town) 23b. DATE (State) 23a. BURIAL CREMATION 23c. (County) REMOVAL (Specify) Md.

funeral and 2 rer death. requires that the death certificate be executed within 24 haurs after death and campletely filled in by the free remove carban papers. Pages ban papers. Pag event, dny physician and c ease re remava permit. crematian, burial-transit by attending physician. signed burial, the has been Health priar ta SD use certificate PHYSICIAN: far the haspital detached Dept. State ATTENDING O FUNERAL DIRECTOR: After be retained should , page 3 be filed director,

30M REV

24. FUNERAL DIRECTOR

Air Memorial Gardens

Harford

Howard K. McComas & Son, Abingdon, Md.

1969

2Sq. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE Cumlan

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O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of 5 may be retained far your

DICAL EXAMINER:

TO DEPUTY

VR A15ME (5) 10M REV. 1/68

iny delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 310 the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PMT. Page This certificate shauld be executed within 24 haurs after-death

Health prior to burial, cremation, ar removal, and in any event within 72 hours after death.

06468

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME	First		Middle			Last				Day Year	2b. HOUR
(Type ar Print)	/SIDIAN	I JEAN	MARI	E		CU	MMIN	G	OF ESTI-	19	
3. SEX	4. RACE	S. DATE OF BIRTH	6. A	GE (In years		DER 1 YEAR	IF UNDER		2c. DATE PRONOUNCED DEAD		2d_HOUF
female	white	Nov. 12,	1953	15 YR	MONTHS	DAYS	HOURS	MIN.	May 10.	Year 1969	A:
7a. BIRTHPLACE (St	ote or foreign 78	b. CITIZEN OF WHAT CO				NEVER MAR	RIED	9. COL	JNTY OF DEATH		
New Y	ork	U.S.A.			OWED		RCED 🗍		Baltimore		A
10. CITY OR TOWN	OF DEATH		F HOSPITAL OR	INSTITUTIO	N (If nat			ISUAL OC		12b. KIND OF BUSI	
非非非非非非	#### Tow	son give street	oddrydsep	h's			during	masta Sti	f warking life, even if retired.)	YATZIIGNI	hoo1
		d lived, if institution:	Residence befo				I. INSIDE CITY		13e. STREET AND NUMBER		
Maring)1 at	l u	13b Balltimon	re	Lut	herv	i11e	YES	NO X	513 Hilltip D	rive	
14. FATHER'S NAME	First	Middle	Las	t	15. MO	THER'S MAIL	DEN NAME	First	Middle	Last	
Don	ald S. Cur	nming			I	olor	es		English		
16a. WAS DECEASED	EVER IN U.S. ARMED FO		SOCIAL SECURITY	NO.	17. INFOR	MANT			ADDRESS		
(Yes, na, ar unkn No	(If yes give w	or or dates of service)	2-62-50	85	Mr. I	onal	d S.	Cumn	ming Same as # 1	3	
18 CAUSE	OF DEATH (Enter only	ane cause per line far								APPROXIMATE BETWEEN ONSET	
	DEATH WAS CAUSED	BY: Cr	canio-C		al I	njuri	es			BETWEEN ONSET	AND DEATH
8161	IMMEDIAT	DUE TO, OR AS A				3					
Canditians, i	fany, which gave	DOL TO, OK AS A	CONSEQUENCE							166501	
	ediate cause (a),	(b) DUE TO, OR AS A	CONSEQUENCE	O.E.			_				
stating the	underlying cause	DUE TO, OK AS A	CONSEQUENCE	or						1000	
		(c)									
PART 2. OTHE	R SIGNIFICANT CONDIT	IONS CONTRIBUTING TO	DEATH BUT NO	DI RELATED	TO THE T	ERMINAL D	ISEASE OR	CONDITIO	ON GIVEN IN PART 1(a)		
N DATE OF	ODEDATION	1106	CONDITION FOR	WALLOW OF	ATION!			-		Tan AUTODEN	(2)
19a. DATE OF	OPERATION		CONDITION FOR WAS PERFORME		EKATION					20. AUTOPSY	
19a. DATE OF										YES X	NO 🗌
	L CAUSE WAS OR CONTRIBUTING	21b. TIME OF INJUR		ear					ire of injury in Part 1 or Part 2, Ite		
E CAUSE OF DE	ATH	TO: OPW	5/9/ 19		pass	enger	in	car	- struck a fens	8 - thro	wn
		ACE OF INJURY (At han ary, affice building, etc.	ne, farm, street		21f. LOCAT	ION Street	r R.F.D. No		City ar Tawn	Caumity C.L.	State
AT WORK	NOT WHILE X	street	-)	300	D	ulane	y Va	lley	Road, Baltimor	e. Marvl	and
22a.	I certify that I to	ok charge of the re	moins descri	bed abov	e, held	an Auto	psy X	ln:	spection , Inquiry	, and in m	y opinio
		Natural causes			Suicid		Homicio	_	Undetermined manner		
12 12 1	1.1.	. 1/	1				F MEDICAL				
ACTUAL	Illen	2/47	M			1001			AMINER X 22b. DATE S	IGNED	
SIGNATURE	IN				1000	m.D.	JTY MEDIC		11	0/69	
EXAMINER'	wer	ner U. Spi	itz, M	D.					iwn, ar county)		
23a. BURIAL, CREA		DATE	23c. NAME O	E CEMETED	V OP CDEI					(Caunty) (St	tate)
CREMATIO		13, 1969	Green				rv		altimore, Maryla	. ,,	urej
24. FUNERAL DIRE				RESS							
		owson, 105	O York	Road	11,3		DATE DATE	V	2 1969	Es Judg	En .
		Tow	son, Ma	aryla	nd 2	1204	DAIF		V	0	1000

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate

Page 4 may be retained by the haspital or attending physician.

VR A15 (4 45M - 1

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	Type or print)	LIIZI	Middle		LOST	Za. DATE OF	F DEATH		2b. HOUR
1	LES	LIE	0.		CURTIN	May	Month 17, Do	196 9ar	6.55AM
3. S	EX	4. RACE		S.	DATE OF BIRTH		6 AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1	Male	Wh	ite		January 15,	1903	lost birthdoy)	MONTHS OAYS	HOURS MIN
70.	BIRTHPLACE (Stote or forei	gn 7b. CITIZEN OF W	/HAT COUNTRY? 8.		NEVER MARRIED	9. COUNTY OF			
COU	Marylan	d U.S.A	•	WIDOWED [DIVORCED	Balt	imore	47.0	Md
A	CITY OR TOWN OF DEATH	giye	AME OF HOSPITAL OR INSTIT	UTION(If not i		WAL OCCUPATION most of working	(Kind of work done life, even if retired.)	12b, KIND OF INDUSTRY	F BUSINESS OR
130.	. USUAL RESIDENCE (Where	deceosed lived, if institu		c. CITY OR TO			TREET AND NUMBER		
July	. USUAL RESIDENCE (Where hission) STATE Mary1	and 130. COMIT	Baltimore	Arbutu	ıs YES	NO □ 94	3 Regina I	rive	21227
14.	FATHER 3 NAME FIRST	Middle	Lost	15. A	NOTHER'S MAIDEN NAME		Middle		Last
	James	H. Curt	in		Hattie E	3. Colei	ni.		
160	. WAS DECEASED EVER IN L	J.S. ARMED FORCES? yes give war or dates of service)	16b. SOCIAL SECURITY NO.		DRMANT		Address		
N	Yes, na, or unknown) (If	, 3 0.0.0.0.0.0.0.0.0.0.0.0	214-01-4715	Mrs	Mary J. C	Curtin,9	43 Regina		21227
	IB. CAUSE OF DEATH (E	nter anly ane cause per l	ine far (a), (b), and (c).)						OMATE INTERVAL ONSET AND GEATH
	PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)		un of	stornach	with 6	Papatic	81	110.71
	1519	()	AS A CONSEQUENCE OF		MAKEN		7	0	- dawny
	Conditions, if any, which	gave)	THE THE CONTRACTOR OF					-100	
	rise to immediate caus		AS A CONSEQUENCE OF						
	stating the underlying last.	couse oc 10, ox	AS A CONSEQUENCE OF						
	PART 2 OTHER SIGNIFICA	INT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT	DELATED TO T	JE TEDMINAL DISEASE OF	P CONDITION CIVE	ALINI DADT 1/a)		
	TART 2. OTHER SIGNATURE	arr conditions continue	DINO TO BEATH BUT NOT	KLINILD TO I	IL TERMINAL DISEASE OF	K CONDITION GIVE	14 114 FAKT 1(0)		
CERTIFICATION	190. DATE OF OPERATION	19h CONDITION FOR W	HICH OPERATION WAS PERFO	DWED	2Do. AUTOPSY?	201- 10	YES, WERE FINDINGS	CONCIDEDED IN C	CENTICVING
FIRE	170. DATE OF OFERATION	170. CONDITION TOK W	THE OF ERATION WAS PERFO	KINED		CALISE	S OF DEATH?	CONSIDERED IN C	.EKIIFYING
ERT	210. ACCIDENT WAS UND	DERLYING 21b. TIME (AC IMILIPY	101. 11014	YES NO [1. 101	
	OR CONTRIBUTING [CAUSI			ZIC. HUW	INJURY OCCURRED (En	ter nature of inju	ery in Part 1 ar Port 2,	Item 1B.)	
MEDICAL	(If either, natify medical	examiner) P.M.	19						
N	21d. INJURY OCCURRED While Nat while at work	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	7.) 21f. LOCA	TION Street or R.F.D. N	No. City	ar Town	County	State
	22a. I certify that ((I) (t his hospit al) att	ended the deceosed	from	Sept 19.	68, to 1	may 17, 19	69, that	t (I) (we) last
111	saw the decea	sed alive an the	ry 16 19	2, and t	hat in (my) (com) a	pinion death	accurred on the di	ate and hour	and from the
		above, (I) (👁) (did)	(tient) view the bar	dy atter dec	ith.				
	22b. SIGNATURE	a hashi	# 9 his	D DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 22c.	DATE SIGNED	9
	22d. PHYSICIAN'S NAME (Type) D	r. John A.	Nesbitt		22e. ADDRESS 1009 Fre	ederick	Road, Balt	o.,Md.	21228
23a.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEM	NETERY OR CR	MATORY	23d LOCATIO	ON (City or Town)	(County)	(State)
	REMOVAL (Specify) BURIAL	5-20-1969	Loudon I	Park Co	emeterv	Balt	imore, Man	ryland	21229
24.	FUNERAL DIRECTOR		ADDRESS			BY REGISTRAR	25P DECISTDAD	CICMATURE	
F	Howard H. Hu	bbard, 4107	Wilkens Ave	2. 2	1229 DATMA	Y 1 9 19	69 Millian	relay years	7

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23c. NAME OF CEMETERY OR CREMATORY

ADDRESS Balto., Md. 250. REC'D BY REGISTRAR

Deal Island

21d. LOCATION (City or Town)

Deal Island. Md.

(County)

(State)

VR A15 (4) 30M REV. 1/68 23b DATE

5/18/69

JOHN F. DENNY. INC. 715 Light St.

23a. BURIAL, CREMATION,

REMOVAL (Specify)
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24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06469 CERTIFICATE OF DEATH First 1. DECEASED-NAME Middle SR 20. DATE OF DEATH 2b. HOUR (Type or print) JOHN WILLIAM DEBELTIIS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) MONTHS HOURS MALE WHITE FEBRUARY 13, 1903 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED XX NEVER MARRIED 9. COUNTY OF DEATH MARYLAND U.S.A. WIDOWED [7] DIVORCED [BALTIMORE 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if retired.) INDUSTRY TOWSON ST. JOSEPH HOSPITAL Secv. Marine Basin. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER INDEFTAL 13d. INSIDE CITY LIMITS? admission) MARVLAND 136. COUNTY BALTIMORE 2700 PELHAM AVE. YES K 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Last Debelius John W. Ida E. Duval 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. IN U.S. ARMED FURCES:

[(If yes give war or dates of service) 2 17. INFORMANT Yes, na. or unknawn) Catherine Miller Debelius, wife, above 5-09-2957 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Intracerebral hemorrhage IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Myocardial infarction 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREFT, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (IX(this hospital) attended the deceosed from May 18, 19, 69, to May 18, 19, 69, that (1) (we) lost saw the deceased alive an May 18, ond that in (my) (our) apinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 5-19-69 DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 7620 York Road, Towson, Md. 21204 Ines Cilliani. M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State)

cian and completely filled in ease remave carban papers. burial, cremation, ar remayal, and in any that the death certificate signed by the burial-transit p prior to as the has been detached far use a rte Dept. af Health pr TO FUNERAL DIRECTOR: After this certificate be retained director, page 3 shauld shauld be filed with the

the funeral ages 1 and 2 resident death.

event,

24 haurs after death

executed

REMOVAL (Specify)

5/22/69

Holy Redeemer Cem.

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Baltimore, Md.

WE SUIDEN TO THE				
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10, 11, 11, 11, 11, 11, 11, 11, 11, 11,		Valles is	16503	
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- 6-1		06472	MARYLAN	D STATE	DEPARTMENT OF	HEALTH			
1	I	teml3 FilmG412	DIVISION OF VITAL RECORDS, 5/23/69 kk	301 W.	PRESTON STREET, BAL CATE OF DEATH	TIMORE, M	ARYLAND 21201	06470	
epth.		CEASED-NAME First ype or print) Managane	Middle et D. DeFord		Lost	2a. DATE	Month Do	Y Yeor	2b. HOUR
- 3	3. SE		4. RACE		S. DATE OF BIRTH	Ma	6 AGE (In years	09	VDER 24 HRS.
8		F.M.	White		Feb.14, 18	86	lost birthday)	MONTHS DAYS HOU	
Irulin 72 nour	70. B	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MADDIET	NEVER MARRIED	9. COUNTY (
	coun	Balto: Md	USA	WIDOWED		Balto			IA.
10	1D. C	TY OR TOWN OF DEATH Randallstown	11. NAME OF HOSPITAL OR IN	TITUTION (IF	not in haspital ling Home	JAL OCCUPATION	N (Kind of work done	12b. KIND OF BUSIN INDUSTRY	VESS OR
	13a.	USUAL RESIDENCE (Where deceases	ed lived, if institution: Residence before	13c. CITY C	R TOWN 13d. INSIDE CITY	LIMITS? 13e/			10
		Md_	Balto		TALISCOWII -	vo ☐ 89		bson/Rd/ ne Circle	
1	14. F	ATHER'S NAME First	Middle Lost		S. MOTHER'S MAIDEN NAME		Middle		ost
	160	William WAS DECEASED EVER IN U.S. ARM			INFORMANT	Virgin:		Fish	
		es, no, or unknown) (If yes give w	var or dates of service)			- 000		own, 2113	
			no 215 48 40		s. Gene Dagu	890	/ rlagstone	APPROXIMATE IN	ALLS
9		PART 1. DEATH WAS CAUSE	ly one cause per line far (a), (b), and (c). DBY:	1/10	200 A 20	1 De	17-	BETWEEN ONSET A	
2		MI 2 11 IMMEDIA			CULAR AC	CIVE		160	TRS.
10		Canditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	T				150	IPS
		rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF					10/	1/3
		stating the underlying cause last.	(c)					1 2 2 2	
		PART 2. OTHER SIGNIFICANT COM	ADITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED	O THE TERMINAL DISEASE OR	CONDITION GIV	/EN IN PART I(o)		
	z		INOMA UTER				.,		
	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE		20a. AUTOPSY?		IF YES, WERE FINDINGS	CONSIDERED IN CERTIFY	/ING
	THE				YES NO	CAUS	ES OF DEATH?		
		21a. ACCIDENT WAS UNDERLYIN DR CONTRIBUTING CAUSE OF OEAT		21c. l	OW INJURY OCCURRED (Ent	er nature of in	jury in Part 1 or Part 2,	Item 18.)	
		(If either, natify medical examin	ner) P.M. 19						
		21d. INJURY OCCURRED While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TDRY.) 21f. I	OCATION Street or R.F.D. N	o. Gi	ty or Town	County	State
		220. I certify that (I) (th	is hospital) ottended the decease	d fram	MAR , 19	o , to	> - / 5 , 19	_G_/, that (I)	(we) las
		saw the deceased a	live an 5 - 15 1 x, (I) (we) (did) (did not) view the	ody ofter	id that in (my) (our) of death	oinian death	occurred on the de	ote ond hour and	from the
		226. SIGNATURE	, (i) (wo) (ala) (ala liot) view lile i	ouy one			226	DATE SIGNED	
		1.1.10	all la	DEG	REE PHYS.	MED. DIRECTOR	STAFF PHYS.	-15-6	9.
		22d. PHYSICIAN'S	-/1		22e. ADDRESS				,
		NAME (Type) R. V.	Houck, Jr.		Liberty	Rd; Ele	dersburg, M	ld.	
	23a.	BURIAL, CREMATION, 23b. I	DATE 23c. NAME OF	EMETERY O	CREMATORY	23d. LOCAT	ION (City ar Town)	(Caunty) (St	ote)
_			17 1969 Loudo: ADDRESS	Pk.		Free	drick Ave;	Balto	Md.
ak E		UNERAL DIRECTOR	ADDRESS 8 Liberty Rd. Rand			BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE VALUE	1
1/3	LQ.	TIM DACIE QIY	o Liberty Rd. Rand	all St	DATEM AT	Lali	JUU /	VA	

MARYCAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06471

		CEASED-NAME First ype or print) Charl		Middle	Da +	20.	DATE OF DEATH Month	Doy Yeor	2b. HOUR
ŀ	3. SE		4. RACE	, decayel	S. DATE OF BI	RTH A2	6. AGE (In years	30 69	IF UNDER 24 HRS.
		M	W		101	16/	lost birthday)	YRS. MONTHS DAYS	HOURS MIN
	70. E	SIRTHPLACE (State or foreign try)	7b. CITIZEN OF WHAT	17123	RRIED HEVER MAR	KIED	Balto		Md.
7		Balto Count	give stree	of Hospital or Institution address)	od Ave		JPATION (Kind of work d working life, even if retire CPEVATOR		BUSINESS OR
3	odmi	USUAL RESIDENCE (Where decedes ssian) STATE	led lived, if institution:	Residence before 13c. C	ITY OR TOWN	13d INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	nwood 6	luc
	14. F	ATHER'S NAME First Chorle	Middle	Deitz	15. MOTHER'S MA	Mome First	Middl		Last
	16a. Y	WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	man and distance of the Control of	5. SOCIAL SECURITY NO.	17. INFORMANT	ife	Addres	SS	
		Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last.	nly one cause per line for D BY: ATE CAUSE (a) DUE TO, OR AS A (b) DUE TO, OR AS A (c)	CONSEQUENCE OF	lil info	arcta		APPROX. BETWEEN (IMATE INTERVAL DISET AND DEATH
	CERTIFICATION		CONDITION FOR WHICH	TO DEATH BUT NOT RELA			ON GIVEN IN PART 1(a) 20b. IF YES, WERE FINDIN CAUSES OF DEATH?	NGS CONSIDERED IN C	ERTIFYING
	MEDICAL	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF OEA (If either, notify medical exam 21d. INJURY OCCURRED While Not while	iner) HOUR A.M. N	URY onth Day Year 19 iome, Farm, Street, Factory,) ce Building, etc.			e of injury in Part 1 ar Par City or Town	rt 2, Item 18.) County	State
100000		causes stated abav	live on 50	ed the deceased fra 19 1 nat) view the bady c	2 and that in (m)	, 19 <u>45</u> , y) (aur) ap i nian c	death accurred an th	e date and hour	(I) (we) last and fram the
		22d. PHYSICIAN'S NAME (Type) A+the	- as	rock	DEGREE PHYS. 22e. ADDI	DIRECTOR	STAFF -	22c. DATE SIGNED 5 / 30	14
	Bu	BURIAL, CREMATION, 23b. REMOVAL (Specify) J1	DATE 2, 1969	23c. NAME OF CEMETER	RY OR CREMATORY	etery 23d.	LOCATION (City or Town) Howard	(County) Marylan	(State)
0		funeral director		ADDRESS		2So. REC'D BY REGIS		PAR'S SIGNATURE	ege.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be defached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 2 aurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

Something to winter the STANC Deite Limite Short 10/10/05 - The Bell o 130th Cont 7607 Emwed Are cook opening the load 1117 Ibused dec Burto Deta Mone Charles 9-4- TC 705-10-7106 Wife Myrandial orfanction Ascup by 26/2 62 05/3 62 58/2 andrew aleman Las 5/20/67 Ather A Serpick soot old Gat Pd Bath policies Surger of the Court of the Cour And Annahan 1838 I William a second plan warrant first far a second fortier

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06472

	DECEASED-NAME First (Type or print) Julia		Middle M •	1	lost DeLuca		2a. DATE OF	May	100		89	2b. HOUR
3.	Female	4. RACE Whit	e		5. DATE OF E	3/00		6. AGE (In year last birthday)	YRS.	MONTHS		OURS MIN.
70	BIRTHPLACE (Stote or foreign untry) Italy	7b. CITIZEN OF WHAT		8. MARRIED WIDOWED	■ NEVER MA	RRIED	9. COUNTY OF Bal	DEATH timore				M
10	CITY OR TOWN OF DEATH TOWSON	11. NAM give stre Ches	E OF HOSPITAL OR IN: eet address) apeake Ma	anor N	not in hospital ursing	12o. USU during m		(Kind of work life even if ret WITE		12b. KI INDUS		SINESS OR
13 ad	o. USUAL RESIDENCE (Where decear mission) STATE Maryland	13b. COUNTY Balti	n: Residence before	Dund		13d. INSIDE CITY L	1.00.01	REET AND NUME				
	FATHER'S NAME First Michael		Litrenta				ilomena	2	ddle			Last PCO
10	oo. WAS DECEASED EVER IN U.S. ARI		66. SOCIAL SECURITY 1 215-16-050			R. Luca		Add 2 Stanh				
	18. CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE	ly ane couse per line D BY: ATE CAUSE (a)	for (a), (b), and (c).	()	Vu	lia					APPROXIMA TWEEN ONSI	E INTERVAL T ANO DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS	A CONSEQUENCE OF	OT DELIATED T	0.7115.7501414	41 0157455 000	CANDATION OF C					
M	PART 2. OTHER SIGNIFICANT COI	ADILIONS CONTRIBUTION	The service of the se		O THE TERMINA	AL DISEASE OK	ONDITION GIVE	N IN PART I(a)				
CEDTIELCATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PE		20a. AUTO		CALISES	YES, WERE FIND OF DEATH?	DINGS (ONSIDEREI	O IN CER	IFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. P.M.	Month Day Year	9				ry in Part 1 ar F	Part 2, I	tem 18.)		
AAE	While Nat while at work	PLACE OF INJURY (A			A .			ar Tawn		County		State
	22o. I certify that (I) (the sow the deceased a causes started above	is hospital) otten live an e, (I) (we) (did) (d	id not) view the	ed from 9_61, on body after	d that in (n death.	27191 ny) (aur) op	nion death	occurred on t	_, 19_ the da	te ond	thot (hour or	(we) lo
	22b. SIGNATURE	7) 9	an	DEGI	REE PHYS.		AED.	STAFF PHYS.		20/6		
		an D. Gold		M.D		DRESS ical Ar		g. Balt		íd.		
1		123/69	23c. NAME OF Sacred	Heart	of Je		1		ltin	(County	Md	(State)
24	John J. Duda, 79	22 Wise A	ve. Dunda	alk, M	d.	25a. REC'D E	2 2 19	63 2Sb. REGIS	STRAR'S	SIGNATUR	landy	e.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled in by the transit director, page 3 should be detached for use as the buriol-transit perthit. Then please remove carbon papers. Pages, and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Poge 4 moy be retained by the hospitol or attending physicion.

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	atle of c	A desired by		C. Tark	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave various papers. Pages 1 and should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any evept, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the haspital or attending physician.

SOM REV THE

STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	Type or print)	rirst	Mildale		LOST		Month	Da	y Year	7.30	SP
	.,,,,,	Cora	Lee		Dennison		5	9	1969	63	W
3. 5	SEX	4. 1	RACE		5. DATE OF BIRTI		6. AGE (In	years	IF UNGER I YEAR	IF UNCER 24	
	Female		White		01/	15/84	last birth	YRS.	MONTHS DAYS	HOURS	MIN.
	BIRTHPLACE (State	ar foreign 7b. Cl	TIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIE	9.	COUNTY OF DEATH				
can	intry) Mar	yland	U. S. A.	WIDOWED			Baltimor	re Co	unty		Md.
10.	CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL OR II	NSTITUTION (If	nat in haspital	12a. USUAL	OCCUPATION (Kind of w	ark dane	12b. KIND OF	BUSINESS C)R
	Catons	ville	give street address) Spring Gr	ove St	ate Hosp	during mass			INDUSTRY		
13a.	. USUAL RESIDENCE	(Where deceased live	d, if institution: Residence befare	13c, CITY O	R TOWN 13d	INSIDE CITY LIMIT		UMBER 3	ard		
5	nissian) STATE	aryland V	Prince George!	s Clin	ton	ES NO	7866	XX M	Road		
	FATHER'S NAME	First	Middle Last		15. MOTHER'S MAID		7	Middle		Last	
L		Samuel	Thomps		Mar	У	Fade		X 14X0	φο. ₁ , το	XXX
	n. WAS DECEASED EV Yes, na, ar unknawr	(ER IN U.S. ARMED FO			INFORMANT			Address	11		
	ros, na, ar omenavi		212-56-C	500	Record	sSpr	ing Grove	tate			
- 1			cause per line far (a), (b), and (a).)						MATE INTERVA INSET AND DEA	
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAU	ISE (0) Comary	ins	efficier	ucy			42	m	
	4117	D	UE TO, OR AS A CONSEQUENCE O		0/	1					
	Canditians, if an	, which gave	(b) Generali	Zes	arter	iscle	rosis		49	an	
	stating the und		UE TO, OR AS A CONSEQUENCE O	F					1		
3	last.)	(c)								
	0	. ^	S CONTRIBUTING TO DEATH BUT	2				(a)			
Z	mor	cerate a	dranced:	pull	uonar	y tu	berculo	es le	racles	e	
SE	19a. DATE OF OPE	ATION 19b. CONDIT	ION FOR WHICH OPERATION WAS	ERFORMED	20a. AUTOPS	V.	20b. IF YES, WERE		CONSIDERED IN C	ERTIFYING	
CERTIFICATION					YES 🗌	NO X	CAUSES OF DEATH?				
			21b. TIME OF INJURY HOUR A.M. Manth Day Yea		HOW INJURY OCCUR	RED (Enter n	ature of injury in Part 1	ar Part 2,	Item 18.)		
MEDICAL		medical examiner)	P.M.	19							
ME	21d. INJURY OCC While Nat w	URRED 21e. PLACE	OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f.	LOCATION Street of	ır R.F.D. Na.	City ar Tawn		Caunty	Sto	ate
	22a. I certify	that (IX (this has	pital) attended the decea	sed from_	1/27/69	, 19	_, ta 5-9	, 19	69 , that	(X) (we) last
4	saw the	deceased alive a	5-9	1969, 01	nd that in (my)	(aur) apini	an death accurred	on the d	ate and haur	and fran	n the
	22b. SIGNATURE	rated abave, (I) (we) (did) (did nat) view the	bady affer	dedin.			90.	DATE SIGNED		
	11	Cler	Sulmy	DEC	GREE ATTENDING PHYS.		ECTOR PHYS.	× 220.	5-9-69	7	
	22d. PHYSICIAN'S NAME (Type	JUAN A.	Perez-Balbo		22e. ADDRE		ng Grove S	tate	Hospita	1	
23a	BURIAL KRAMATI				R CREMATORY		23d. LOCATION (City or		(Caunty)	(State)	
	NEWOYAL SPEC		12-69 Fort	Linc	oln Cem		- Bladr			vid.	
- 82	FUNERAL DIRECTO		ADDRES	S HD.	MOUNTI	Sa. REC'D BY			S SIGNATURE		
51	lmmons .	Bros. 16	61- Ga. #8PS	e SE.	DC 1	MAY I	2 1969 00	innel	20 Jacobs	C.	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06476 06474 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR Month 13 (Type or print) .00 3. SEX 4. RACE 5. DATE OF BIRTH executed within 24 haurs after AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Aug. 1,1909 HOURS Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED North Carolina Bal timore Co., U.S.A. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even it retired) Industry Industry carban Owings Mills Wengate Court 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Bal Limore XES _ Wengate Court Owings Mill physician and chen please remo 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Dill Callie Elizabeth Presslev John icate be Ramsey 16b. SOCIAL SECURITY NO. 17. INFORMANT Wengate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Court Yes, na, of unknown) (If yes give war or dates of service) 251-01-7016 Mrs. Etna Dill requires that the death certif 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY arcinomo mont IMMEDIATE CAUSE (a) crematian, ar DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove t rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta l the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? SD CAUSES OF DEATH? YES [NO | TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work State 22a. I certify that (1) (this haspital) attended the deceased from April 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive on 5-11be retained shauld causes stated abaye, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. OR DEGREE director, page shauld be filed PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Recta 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b, DATE (County) Lake View Mem. Gardens Sykesville, Carroll, Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charelen Mills, Md. Owings

24. FUNERAL DIRECTOR

Cowan Funeral Home

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MEDICAL	EXAMINER'S	CEDTICICATE	OF DEATH
THE TAIL AND	L V WISHIIALK J	CENTIFICATE	A J E L J E GA I E I

FOR STATE		0647	9			S CERTIFICAT		(TH	06477
HEALTH DEPT.		ECEASED-NAME Type or Print)	Bentley		Middle T.	lost D i x	on Sr.	OF ESTI-	onth Doy Yeor 2b. HOUR 5-14 1969 17 M
delay and 3 M3. Pag		le	White 1	17/14	6. AGE (In lost birth 55	years IF UNDER 1 YEA day) MONTHS DAY YRS.		Month May Tu	1
If any Is 1, 2, arm Program Pr	COU	BIRTHPLACE (Stot	nd	U. S. A.		h-man d	OIVORCED [X]	Baltimore	Md.
RE, Md. 212-1 after death. If a 8. Give Pages 1, glang with farm with the State De		Dundal	k	9ix 916	Old North	TUTION (If not in hosp Pt. Road	during m		lone 12b. KIND OF BUSINESS OR INDUSTRY Steel Co.
NORE, A safter 18. Give Palang 2 with dearth.	0	Mary 1 SIAN		3b.Baltimo:	re I	Dundalk	YES NO	2916 Old No	orth Pt. Road
24 bours 14 bours 15 office 15 office 15 office			First entley VER IN U.S. ARMED FORCE	Middle C •	Dixon	15. MOTHER'S	MAIDEN NAME My: (Brother	First Middle M.	Luhn
STREET, B. I within 24 In pencil in Examiners File pages 72 haurs		Yes, no, or unknow Yes	vn) (If yes give wor o	r dates of service) 2	SOCIAL SECURITY NO. 12-12-468			Dixon, 4302 Whi	te Ave.
W. PRESTON be executed "pending" in hief Medical ansit permit.		PART I. I. 4/2 Conditions, if or rise to immediately the unit of	DEATH (Enter only of DEATH WAS CAUSED BY IMMEDIATE (Dry, which gove liote couse (o), derlying couse	CAUSE (o) DUE TO, OR AS A	7-5-C	-V-D13	sease	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATION	PART 2. OTHER		1100	CONDITION FOR WHI	1-CB161	AL DISEASE OR 60	NDITION GIVEN IN PART 1(0) 7 -	20. AUTOPSY?
F P P P	MEDICAL CERTIFICATION	210. EXTERNAL PRIMARY CAUSE OF DEAT	R CONTRIBUTING		Y Month, Doy, Yeor	21c. HOW INJURY	OCCURRED (Ente	r noture of injury in Port 1 or Po	YES NO PA
EXAMINER: cute the certification of shauld age 4 shauld ryaur files. Page 3 shou, crematian, crematian,	MED	21d. INJURY OC WHILE AT WORK	CURRED 21e. PLAC foctory at work	E OF INJURY (At hor , office building, etc	.)	21f. LOCATION Sti		City or Town	County Stote
TY MEDICAL I y, please exect strain director. Po the retained for the prior to buried,			certify that I took sulted from: Melvin I	Natural couses [Suicide M.D.	, Homicide CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL	Undetermined mo	DATE SIGNED 5/14/69 prington Rd.
00 t t 20 t t		BURIAL, CREMA REMOVAL (Spec Burial	ify) 5/1	TE 9/69	Baltimor	METERY OR CREMATOR	l Cem.	23d. LOCATION (City or Town) Balt	(County) (Stote) imore, Md.
VR A15ME (S)		ohn J. I	or Ouda, 7922	Wise Ave	ADDRESS Dundalk	. Md.	2So. REC'D		RAR'S SIGNATURE

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Wm. Cook-Brooks Towson 1050 York Road 21204

DIVISION OF VITAL

Middle		Last		2a. DATE OF			V	2b.	HOUR P
		Dolan,	Sr.	May	Month X 7	196	Year 9	6:	35 M
		S. DATE OF B	r 28, 1	.892	6. AGE (In years last birthday) 76 YRS.	JF UNDE	R 1 YEAR DAYS	IF UNDER HOURS	
TRY?		IED NEVER MA	RRIED	9. COUNTY OF		imor	e		Md.
ress) V TOWS lence befare	on N	erville	during m lorne g lad. INSIDE CITY U YES X NO	ast of working I eneral IMITS? 13e. STR	(Kind of work done ife, even if retired.) foreman EET AND NUMBER Hilltop	INDU	ISTRY tee]	BUSINESS L_co.	SOR
Last		1S. MOTHER'S M	AIDEN NAME F	irst	Middle	160		Last	
Dola:	0.	17. INFORMANT	Juli	a.	McGovern Address		Do 21 20	lan)4	
-07-00	29	Dulaney	Towson	Nursin	g Home, 1	11 W		Roa	
, (b), and (c).)	BR	Conciden	ONEU	MONIF	7	-	BETWEEN O	MATE INTER INSET AND E	DEATH
EQUENCE OF	AR	TERIUS	LEROT	10 40	WET SISI	EME			
EQUENCE OF									

	CEASED-NAME	First		Middle		Last		2a. DATE OF			2b. HOUR
(1)	rpe ar print)	Thomas		E Dol			Sr.	May	Month X 7	1969 Tolday	6:35 M
3. SEX			4. RACE			S. DATE OF BI		-	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	male		whi	.te		Mav	28, 18		last birthday)	RS. MONTHS DAYS	HOURS MIN.
7a. B	RTHPLACE (State ar	fareign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARI		9. COUNTY OF			
Pe	nna. U.S.	A.	U.S.	Α.	WIDOWED		CED [Ball	timore	Md
10. CI	TY OR TOWN OF DE	ATH	11. NAM	E OF HOSPITAL OR IN	STITUTION (If n	at in haspital			Kind of work da	ne 12b, KIND OF	
	owson		Dul	eet address) aney Tows	son Nur	rsing H	ome or	ist at warking li eneral	fe, even if retired	d.) INDUSTRY	00
13a. l	JSUAL RESIDENCE (V sian) STATE	Vhere decease	ed lived, if institution	n: Residence befare	13c. CITY OR	TOWN	13d. INSIDE CITY LIN	AITS? 13e. STR	EET AND NUMBER	- Stee	
donnis	Mam	yland	Balti	more	Luther	ville	YES X NO	514	Hilltop	Drive	
14. F/	THER'S NAME	First	Middle	Last	15	. MOTHER'S MA	IDEN NAME FI	rst	Middle		Last
		rick		Dola			Julia	a. 1	McGovern	Do	lan
	WAS DECEASED EVER s, na, ar unknawn)		ar ar dates of service)	6b. SOCIAL SECURITY I		NFORMANT			Address		
	no .			213-07-00)29 Du	laney '	Towson	Nursin	Home,	Ill West	Road
	18. CAUSE OF DEA	TH (Enter anl	y one cause per line	far (a), (b), and (c).	.)		5 To			APPROXI.	MATE INTERVAL INSET AND DEATH
	PART I. DEATH	IMMEDIA	TE CAUSE (a)	- Control	BRO	NOHOT	NEU	TONIA	7	24	HRS
	412	3		A CONSEQUENCE OF	1	-72 -6-	. ~	110	lower by		
	Canditians, if any, rise to immediate	which gave	(b)		ARTA	EKIOXI	(F-15011	(HE	K1 3/3	SEME	
	stating the underl		DUE TO, OR AS	A CONSEQUENCE OF							
	last.)	(c)								
	PART 2. OTHER SIG	NIFICANT CON	DITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE OR CO	ONDITION GIVEN	IN PART 1(a)		-90
N			10 75 10								
MEDICAL CERTIFICATION	19a. DATE OF OPERAT	ION 19b. (CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOF	SY?			GS CONSIDERED IN CI	RTIFYING
RTIFI						YES 🗌	NO 🔲	CAUSES	OF DEATH?		
AL CE	OR CONTRIBUTING			NJURY Manth Day_Year	21c. HG	OW INJURY OCC	JRRED (Enter	nature of injury	in Part 1 ar Part	2, Item 18.)	
EDIC	If either, natify me	dical examin	er) P.M.	19	9						
	21d. INJURY OCCUR While Nat while It wark at wark	RED 21e.	PLACE OF INJURY (A	T HOME, FARM, STREET, FAC FFICE_BUILDING, ETC.	CTORY.) 21f. LC	CATION Street	ar R.F.D. Na.	City o	or Town	County	State
			1 1 1						, ,		
	22d. I certify the	hat (I) (thi	s hospital) attentive an	ded the decease	ed trom	that in (m)	1965	ian doath a	S . /-	19 <u>67</u> , that	(I) (we) last
	causes sta	ted abave	(I) (we) (did) (d	id nat) view the	bady after o	death.) (our) upin	nan aeam a	curred an the	date and naur	and fram the
	22b. SIGNATURE	1	(N .	1	MI				2	2c. DATE SIGNED_	(0
		1	AMan	riey	DEGR	EE PHYS.		ED. RECTOR	STAFF PHYS.	2c. DATE SIGNED	69-
	22d. PHYSICIAN'S NAME (Type)	Ki	4. MAZ	ILEY		22e. ADDR	RESS				
	BURIAL, CREMATION, PEMOVAL (Specify)		10-1969	23c. NAME OF	CEMETERY OR	crematory er Ceme	town	23d. LOCATION	(City ar Tawn)	(County) Maryland	(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter fixed in by the runeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon capers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, or remayal, and in any event, within 72 haurs after death. TA-hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the haspital ar attending physician.

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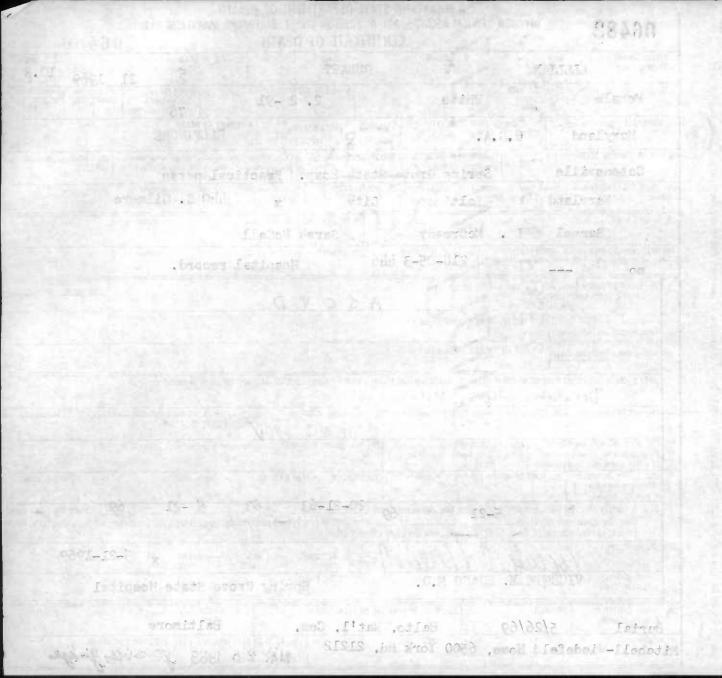
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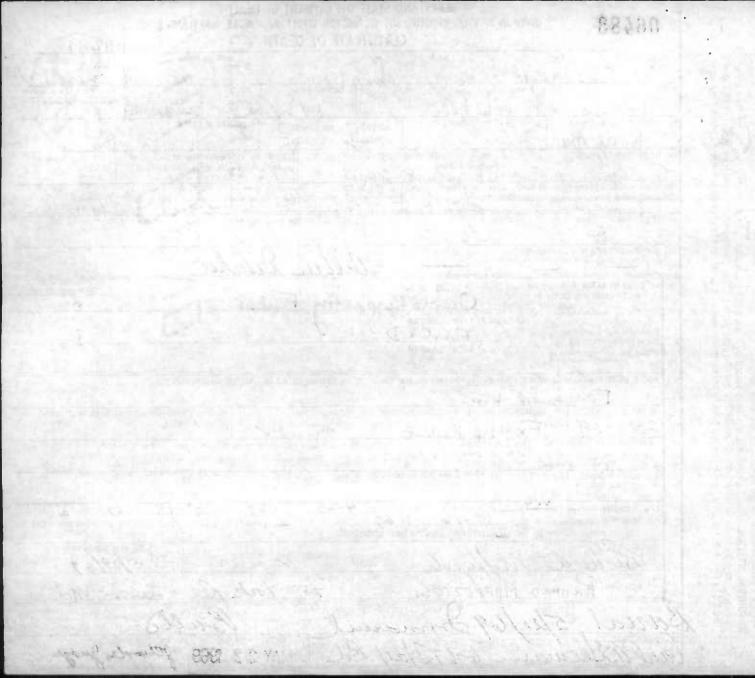
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

110708			ERTIFICA	TE OF DEATH			0	6486)
	First	Middle	DUB			E OF DEATH	21	1969	2b. HOUR 10.3
3. SEX Female		Thite	S	DATE OF BIRTH 2 -9:	L	6. AGE (In year lost birthdoy 78	YRS.	IF UNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN
7o. BIRTHPLACE (Stote or fore country) Maryland	Tb. CITIZEN OF WHI		8. MARRIED WIDOWED		В	OF DEATH			M
10. CITY OR TOWN OF DEATH Catonsvil	le give st	ME OF HOSPITAL OR INS reet oddress) ring Grove	e/State	Hosp. Pas	nost of work		rired.)	INDUSTRY	BUSINESS OR
13o. USUAL RESIDENCE (Where odmission) STATE Mary	and 13b. COUNTY E	on: Residence before Baltimore	City City		NO 130	STREET AND NUME	Lmore		
14. FATHER'S NAME First		lcCready		MOTHER'S MAIDEN NAME Sarah McCa		Mid	ldle		Last
16o. WAS DECEASED EVER IN Yes, no, or unknown)	J.S. ARMED FORCES? yes give war or dates of service)	16b. SOCIAL SECURITY N 218-05-3	10446 17. INF		tal r	ecord.	ress		
PART I. DEATH WAS	DUE TO, OR AS	A CONSEQUENCE OF		· c. v· D.				BETWEEN O	IMATE INTERVAL INSET AND DEATH
Dec	ant conditions contributions that where which is the condition for which	s, Uremi	a.	HE TERMINAL DISEASE OF 200. AUTOPSY?	20	b. IF YES, WERE FIND	DINGS CON	SIDERED IN CI	ERTIFYING
190. DATE OF OPERATION 210. ACCIDENT WAS UN OF CONTRIBUTING CALL	SE DE DEATH HOUR A.M.	INJURY Month Doy Yeor		YES NO	V	INJURY IN PORT 1 OF F	Port 2, Ite	m 18.)	
While Not while	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACT DFFICE BUILDING, ETC.	TORY.) 21f. LOCA			City or Town		County	Stote
22a. I certify that saw the decec couses stated	(+) (this haspital) ratter sed alive an above, (I) (we) (did) (ded the decease	d gom_20 9, and to ady after de	—21—03 , 19_ hat in (my) (our) op ath.	oinion dea	th occurred on t	_, 19 <u>0</u> he date	9, that and hour	(I) (we) last and fram the
22b. SIGNATURE	accepte M	Lecque	DEGREE		MED. DIRECTOR [STAFF PHYS.	2245DA	21-196	9
22d. PHYSICIAN'S V NAME (Type)	ICENTE M. RU.	ANO M.D.		22e. ADDRESS Spring	Grove	e State H	ospi	tal	
230. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/26/69		o. Nat!	l. Cem.		ATION (City or Town		(County)	(Stote)
24. FUNERAL DIRECTOR Mitchell-Wied	lefeld Home,	6500 York	Rd. 21	212 2So. REC'D	BY REGISTRA			GNATURE	ge :



MARYLAND STATE DEPARTMENT OF HEALTH 06483 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06481 pers. Pages 1 and 2 72 hours after death. 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR within 24 haurs after death. and completely filled in by the funeral (Type or print) Month 3. SEX DATE OF BIRTH 6. AGE (Myears IF LINDER 1 YEAR IF UNDER 24 HRS lost birthdoy) MONTHS DAYS HOURS 7o. BIRTHPLACE (Stote ar fareign 7b. CITIZEN OF WHAT-COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED TO DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Chesa Deake MUSON 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN and In any event, 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle and certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT death PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the Canditions, if any, which gave) signed by the burial-transit FIS.CY.D ? that rise to immediate couse (o) DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause reguires PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) attending has been use as the priar to ò 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 13-69 Health YES [TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF ATTENDING PHYSICIAN: 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year State Dept. af (If either, natify medical examiner P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that—(1) (this-hospital) attended the deceased fram 4-25 , 1967, ta 5-18, 1969, that (we) last saw the deceased alive an 3-16 1969 and that in (my) (and apinion death accurred and the date and haur and fram the be retained directar, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 7501 AFFEZZOLA NAME OF CEMETERY OR CREMATORY (County) (Stote)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

116489				CERTIFIC	ATE OF D	EATH			064	82	
DECEASED-NAME (Type ar print)	First	8	Middle	TOT	Lost		2a. DATE OF	Month	Doy 960	Yeor	2b. HOUR
3. SEX FUIALE	1 1 1 1 1 1	RACE WIH	ITE	.L/U	S. DATE OF BIRT			6. AGE (In years last birthday)	1000	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
70. BIRTHPLACE (Stote or country) ALTIMORI	foreign 7b. Cl	TIZEN OF WH.	AT COUNTRY?	8. MARRIEO [WIDOWED]	NEVER MARRI		COUNTY OF				Md
10. CITY OR TOWN OF DEA		gives	ME OF HOSPITAL OR INS treet address)	HOSPIT	AL	12a. USUAL during most	OCCUPATION of working I elepho	(Kind af wark d ife, even if retire One Comp	ane 12b	DUSTRY	BUSINESS OR
13o. USUAL RESIDENCE (Woodmission) STATE		d, if institution COUNTY	on: Residence befare	13c. CITY OR REISTE		I. INSIDE CITY LIMIT		SHIRLE		OR RI).
14. FATHER'S NAME	First	Middle	Last	15.	MOTHER'S MAIL	EN NAME First		Midd	le		Last
Per	ter F. La	anahan			Kather	ine Po	hlmann				
16a. WAS DECEASED EVER	IN U.S. ARMED FO		16b. SOCIAL SECURITY I	NO. 17. IN	FORMANT			Addre	ss		
Yes, no, or unknown)	(ii yes give wai oi adii	is of service)	212-32-0	319 Mr	s. Bett	y Ann	Stewar	t 1427	North	Iva	phoe ST
190. DATE OF OPERAT	cause (a), ring cause IIFICANT CONDITION 19b. CONDIT	(c)	S A CONSEQUENCE OF ING TO DEATH BUT NO CH OPERATION WAS PE	RFORMED	20a. AUTOPS	Y? NO 🗌	20b. IF CAUSES	YES, WERE FINDII OF DEATH?			RTIFYING
210. ACCIDENT WAS	CAUSE OF OEATH	21b. TIME OF HOUR A.M. P.M.	Manth Ooy Year		w injury occu	RRED (Enter n	oture of injur	y in Port 1 or Pa	irt 2, Item 18	8.)	
While Nat while			AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		CATION Street			or Town	Cou		State
saw the de	eceased blive a	in Mass	nded the decease 31,000 of the decease did not) view the	950 and	that in (my)	, 19 <u>69</u> (aur) apini	, ta <u>Na</u> an death a	ccurred an th	, 19 <u>69</u> e date an	_, that d havr o	(1) (we) last and fram the
22b. SIGNATURE	Mu	my	An of	OE GRI	- 11113.	U OIRE	CTOR 🗆	STAFF PHYS.	22c. DATE S		1969
22d. PHYSICIAN'S NAME (Type)	Semiel		Lee, MD.		22e. ADDRE	7620 Y	×			<u> ਮੁਰ</u>	
23a BURIAL, CREMATION, REMOYAL (Spacify)	23b. DATE 6/L ₁	/69	23c. NAME OF Arlin	gton Na	tional		Arlir	N (City or Town)	rgini	inty) a	(State)
24. FUNERAL DIRECTOR Leonard J.	Ruck In	c. 530	ADDRESS Harford	Road 2	21214 2	So. REC'D BY I	REGISTRAR 2 19	69 PE	RAR'S SIGNA	TURE	ege.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after dea Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	6485	Viola			CERTIFI	CATE OF	DEATH					0648	3	
	ECEASED-NAME Type or print)	First		Middle		Lost		20.	DATE OF		D	V	2b. F	HOURP
. (-	Aba or built)	Viola	(Valeri	La)	Dvl	ewski	(Ine:	r) M	ay	Month	27	1969	9:	:40
3. SE	EX		4. RACE			S. DATE OF E	BIRTH /			6. AGE (In	yeors	IF UNDER 1 YEAR	IF UNDER	
9	Fema	l e	Tot			May	18.	1888	3	last birth	YRS.	MONTHS DAYS	HOURS	MIN,
70. 1	BIRTHPLACE (Sto	te or foreign	Zb. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COU	NTY OF	DEATH				
cau	ntry) Russ	ala.	Russia	Poland	WIDOWED		RCED 🗌	B	07+4	mone				Mo
10. (CITY OR YOWN O	F DEATH		ME OF HOSPITAL OR INS	TITUTION (If	nat in haspital				(Kind at w		12b. KIND OF	BUSINESS	OR
Ca	atonsv	ille	St	treet oddress) Joseph	s Nu	rsing	Home	most af	yakie91	ife, exen	dicke	INDUSTRY		
130.	USUAL RESIDEN	CE (Where deceos	ed lived, if instituti	on: Residence before	13c. CITY O	R TOWN	13d. INSIDE CITY			EET AND NO				77
adm	ission) STATE	larylar	LC 136. COUNTY		Bal-	timore	YES 🚾	NO 🗌	110	3 Ha	uber	t St.		
14.	FATHER'S NAME	First	Middle	Lost	T	5. MOTHER'S N	AIDEN NAME	First			Middle		Last	
	Mic	hael	Bu	rdinski		Ma	ryan	na				Rusak	ows!	ki
16a.	. WAS DECEASED	EVER IN U.S. ARM	NED FORCES?	16b. SOCIAL SECURITY	NO. 17.	INFORMANT			THE S		Address			
A	res, no, or unknow	wn) (If yes give w	ar or dates of service)	219-28-	1042	Mrs.	Sopl	hie	Pot	ler	1103	Haub	ert	St
		DEATH (Enter on	y ane cause per lin	e far (a), (b), and (c).								APPROXIA	MATE INTERV	
		EATH WAS CAUSED	BY:	(0000	me	nas	lu	u				A	VISET AND DE	CAIH
	4100	IMMEDIA	TE CAUSE (a)	S A CONSEQUENCE OF	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-		-	yeu	
	Conditions, if	iny, which gove)	DOL TO, OK A	S A CONSEQUENCE OF										
		iate cause (a),	DUF TO OR A	S A CONSEQUENCE OF										-
	last.	iderlying couse	(e)	A CONSEQUENCE OF										
	PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED	TO THE TERMINA	AL DISEASE O	R CONDITION	ON GIVEN	I IN PART I	0)			
CERTIFICATION	190. DATE OF OF	PERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUT	OPSY?		20b. IF	YES, WERE	INDINGS CO	INSIDERED IN CE	RTIFYING	3
IFIC	100					YES] NO [CAUSES	OF DEATH?				
CER	21o. ACCIDENT	WAS UNDERLYIN	G 21b. TIME OF	INJURY	21c. H	IOW INJURY OC	CURRED (En	iter noture	of injur	y in Port 1	or Port 2, 1t	tem 18.)		
S	OR CONTRIBUTION	NG CAUSE OF DEAT y medical examin	HOUR A.M.	Month Doy Yeor	NO -7							6 . 1		
MEDI	21d. INJURY O	CCURRED 21e.	PLACE OF INJURY 1	AT HDME, FARM, STREET, FAC OFFICE BUILDING, ETC.		OCATION Stre	et or R.F.D. N	No.	City	or Town	-	County	S	tate
	While Not	while work	(OFFICE BUILDING, ETC.	/				/					
	al Mork at	Work	s hospital) atte	nded the decease	ed from	1 Jan	. 19	68	to Z	7 206	Leg. 19	69 that	(1) (244	a) las
	saw th	e deceased a	ive on 2.4	mes	969,01	nd that in (n	ny) (our) o	pinion o	deoth o	ccurred o	the dot	e ond hour	and fro	m the
			, (I) (we) (did) (did not) view the	body after	death.								
	22b. SIGNATUR	74.00	7	1000	m	ATTEND	ING THE	MED.		STAFF F	22c. D	ATE SIGNED	11	3.
		vicua	700	- man	DEG	REE PHYS.		DIRECTOR	₹ □	PHYS.	12	1 mg	07	7 .
	22d. PHYSICIAN NAME (Typ		LIAM (GOODMA	W.N.	22e. AD		7	20	Sal	14460	Rain	212	27
						/ /	7747			JAK		1040 -		
23a.	 BURIAL, CREMA REMOVAL (Spec 			23c. NAME OF						N (City or T		(County)	(Stote)	*
04	Buris	2.1	/31/69	Holy I	rosar	y cen						Mary	Lan	1
	funeral direct	L. St	evens F	uneral E	Home.	Inc.	2So. REC'D			969	GISTRAR'S	SIGNATURE	der	
		09 33	A 1000		7		I DATE IN	1/3 1 14	4/	UUU	15		1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicient and campletely filled in the profession director, page 3 should be detached far use as the burial-transit permit. Then please semane carban papers. Pages and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remanal, and in any event, within 72 hours after death. er death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hays Page 4 may be retained by the haspital or attending physician. VR A15 (4) 30M REV. 19

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MARYLAND STATE DEPARTMENT OF HEALTH 06486 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06484 Middle 1. DECEASED-NAME First Lost 2a. DATE OF DEATH 2b. HOUR and completely filled in by the funeral remove carbon papers. Pages 1 and 2 in any event, within 72 hours effer death. the death certificate be-executed within 24 haurs after death (Type or print) Carolyn maliz 4. RACE 6. AGE (In years last birthagy) 3. SEX DATE OF BIRTH MONTHS DAYS HOURS 4-13-1895 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED U.S.A. Baltimore Balto, Co. WIDOWED TIX DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Heating Contractor Kingsville give street oddress) INDUSTRY Sheradale Drivel Self 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES please remove Box2 Sheradale Drive 14. FATHER'S NAME Middle First Middle Lost IS. MOTHER'S MAIDEN NAME First and in Anton Lipp Christina R. Schell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. arunknown) I (If yes give war ar dates of service) 216-28-6716A Gilbert H. Elgin 306 S. Highland remova 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY YELDOYON D IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave ; burial-transit that rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the Health prior to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ATTENDING PHYSICIAN: The NO F YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for be retained by the haspital CAUSE OF DEATH HOUR AM. Manth Doy Year of O (If either, notify medical examiner) P.M detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at work at work 22a. I certify that (I) (this haspital) attended the deceased from _______, 1960, ta______, 1760, 1770, 1880 should causes stated abave, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) director, shauld LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Parkwood Cemetery arkville Balto. Md. 5-16-1969 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE VR A15 Lassahn Funeral Home 7401 Belair Road 21236 30M REV

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SELECTION FOR ELECTRICAL CONTROL OF SELECTION ASSESSMENT OF SELECTION OF SELECTION

VR A15

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06487	DIVISION OF VITAL RECORD	S, 301 W. PRE	STON STREET, BALT	IMORE, MARYLAND 212	201	
	A	110301		CERTIFICA	TE OF DEATH		0648	5
		ECEASED-NAME First Type or print)	Middle	ELL	Lost	20. DATE OF DEATH	Dgy3 Year	2b. Hour
	3. SE	FEMALE	4. RACE CAUCA	SIANS	DATE OF BIRTH	/880 6. AGE (In yeo lost birthdoy)		IF UNDER 24 HRS. HOURS MIN
		BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH	Timo	RE, M
)		TO WSO A	11. NAME OF HOSPITAL OR give street oddress)	KE MAI		AL OCCUPATION (Kind of work ost of working life, even if reti	ired.) INDUSTRY	OF BUSINESS OR
0	odmi	ission) STATE Mol	sed lived, if institution: Residence before	Bo	HO YES D NO	806 W	ER) 33 SH	t. 21211
1	160.	FATHER'S NAME First WAS DECEASED EVER IN U.S. ARI		17. INF	MOTHER'S MAIDEN NAME F	lizabeth T	racey	Lost
	Y	N O	war or dates of service) 213-10-	1016	s. Donald V	Whiting, Albe	ugueroue	MMATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDI Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	D BY: ATE CAUSE (DUE TO, OR AS A CONSEQUENCE (of Res	eal la	CONDITION GIVEN IN PART 1(0)	Seed 10 4	ONSET AND DEATH
4	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY? YES NO	20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERED IN	CERTIFYING
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CAUSE OF DEA' (If either, notify medical exami	TH HOUR A.M. Month Doy Yes		INJURY OCCURRED (Enter	r noture of injury in Port 1 or P	'ort 2, Item 18.)	
	W	at work of work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		TION Street or R.F.D. No.	City or Town	County	Stote
		saw the deceased a causes stated obove	is hospitol) attended the deced live an	19 67, and t	hat in (my) (auct opi oth	nion death occurred on t	>, 19_6_7, tho he dote and haur	r and from the
/		22b. SIGNATURE 22d. PHYSICIAN S	lest Onon	all they	ATTENDING PHYS. D	TED. STAFF IRECTOR PHYS.	22c. DATE SIGNED	
		NAME (Type) CHARL	ES ODONELL			orkRd		
						23d JOCATION (City or Town	mol	(Stote)
X	24.	FUNERAL DIRFCTOR	W Seit 5/41		2So. REC'D B		TRAR'S SIGNATURE	1.50

06488

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06486

DECEASED-NAME (Type or print)	First	MARG	Middle	י דים	Lost MER		20. DATE OF C		Doy Yeor		HOUR
3. SEX		RACE	AREI	لايدار نظ	S. DATE OF BIRTH		1	6. AGE (In years	IF UNDER 1 YE	AR LIE LINDE	R 24 HRS.
femal	0	Cauca	Sid b		Sept.2	6.18		lost-bighdoy)	MONTHS D	AYS HOURS	
70. BIRTHPLACE (Stot	or foreign 7b.	CITIZEN OF WHAT CO		8. MADD	IED X NEVER MARRIED	1 -	COUNTY OF				
Brayton		SA			VED DIVORCED		Bal	Timor.	0.		Md.
10. CITY OR TOWN O		11. NAME OF		TITUTION	(If not in hospital	12o. USUAL		Kind of work don		OF BUSINES	
Tows	on	give street o		n va	lesant !	during mos Hous	t of working li ewif e	fe, even if retired Teach	er INDUSTR	Υ	
130. USUAL RESIDENCE odmission) STATE	(Where deceosed livery)	3b/ COUNTY		Ba	1.4	NSIDE CITY LIMI	100.0111	EET AND NUMBER	Jan 1	21	
14. FATHER'S NAME	First	Baltimo Middle	Lost	1000	1S. MOTHER'S MAIDEN	NAME Firs	it	Middle	7000	Lost	
Wi	lliam H	enry P	earson		Marga		Quin				
160. WAS DECEASED Yes, no, or unknow	VER IN U.S. ARMED F		SOCIAL SECURITY N 5-8729	0. A	John Elm	er (Husbai	nd) 102	Taplo	ow Ro	i
PART I. DI 43 6 Conditions, if o	DEATH (Enter only on ATH WAS CAUSED BY: IMMEDIATE Co ny, which gove ote couse (o), derlying couse	(ONSEQUENCE OF	0 V	ascular	C	recy	lent	n	een onset and	5
PART 2. OTHER 190. DATE OF OP	a	ONS CONTRIBUTING TO	trina	m .	D TO THE TERMINAL DIS 20a. AUTOPSY? YES	Va	20b. IF	IN PART 1(0) YES, WERE FINDING OF DEATH?	S CONSIDERED	IN CERTIFYII	NG
S OR CONTRIBUTION	WAS UNDERLYING G (CAUSE OF DEATH medical exominer)	HOUR A.M. Moi	RY nth Doy Yeor 19		c. HOW INJURY OCCURRE	ED (Enter i	noture of injury	in Port 1 or Port	2, Item 1B.)		
While Not	CURRED 21e. PLAC	E OF INJURY (AT HO			f. LOCATION Street or	R.F.D. No.	City o	or Town	County		Stote
saw th	y that (I) (th is ho e deceased alive stated above, (I)	nn	1	9	and that in (my) (_ , 19 aur) apin	, ta ian death a	ccurred an the	19, t date and ho	hat (I) (v our and fo	we) last ram the
22b. SIGNATURE 22d. PHYSICIAN NAME (Typ	. Ker	ngn (A	vlus NS M	. D.	DEGREE ATTENDING PHYS. 22e. ADDRESS		D. ECTOR D	STAFF PHYS. D	2c. DATE SIGNED 5-22 Balto.	1 1	7
230. BURIAL, CREMA REMOVAL (Spec		.1969	Drui		or CREMATORY idge Ceme		23d. tocation Pikes		(County) Md.	(Sto	te)
24. FUNERAL DIRECT	OR .		ADDRESS	+ 1 m/	ore Md. na	REC'D BY		0.000	R'S SIGNATURE	odse.	

4369

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate De-executed within 24 haurs after death

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please semove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haus after death. VR A15 (4 30M REV. 1

MARYLAND STATE DEPARTMENT OF HEALTH 06489 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06487 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME 2b. HOUR certificate be executed within 24 haurs after death. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Dages 1 and 2 burial, crematian, ar removal, and in any event, within 72 haurs after death Year (Type or print) ARGARET DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX last birthdoy) MONTHS DAYS HOURS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign country) 1mo26 WIDOWED DIVORCED F 12a. USUAL OCCUPATION Kind of work done 11, NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 10. CLTY-OR TOWN OF DEATH 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME Middle Ames 17. INFORMANA 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? ♥ Yes, no or unknown) 20-7890 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Rheumatic heart Cardiac Arrest- sudden. PART I. DEATH WAS CAUSED BY: requires that the deafth IMMEDIATE CAUSE (a) disease-plass II-III with Starr-Edwards prosthetic DUE TO, OR valve replacement with some dislodgement-dur.6mons.+/-Canditians, if any, which gave rise to immediate cause (a), Nephrosclerosis and uremia-duration 2 yrs.+ DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. af Health priar ta OR ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES -NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. directar, page 3 shauld be detached should be filed with the State Dept. af (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street ar R.F.D. Na. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from April 21, 1959, to present, 19, , that (I) (we) last saw the deceased alive an May 11, 1969, and that in (my) (aur) opinion death accurred an the date and haur and from the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATUR ATTENDING May 23,1969 R. V. Rangle, MG S DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 2938 St. Paul Street 21218 R.V.Rangle, M.D. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) BURIAL, CREMATION 25a. REC'D BY REGISTRAR DMAY 2 6 1969 EVANUTSON 8802 ADDRESS TORD REGISTRAR'S SIGNATURE 30M REV.

Cordica Arrest suddent Theorem to hearth

The control of the sone distriction of the second will will will work of the sone of the s

E.C. Marke, N. W. & Market 1969

(SEEL) deports they are might to the training

and the second of

pages 1 and 2 with the State Dep

Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death

Office alang with farm

necessary, please execute the certificate, writing the word "pending" in pencil in tem 18. Give Pages 1

DICAL EXAMINER:

TO DEPUT

the funeral director. Page 4 shauld be forwarded to the Chief Medical Examinary's 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

This certificate shauld be executed within 24 haurs after death

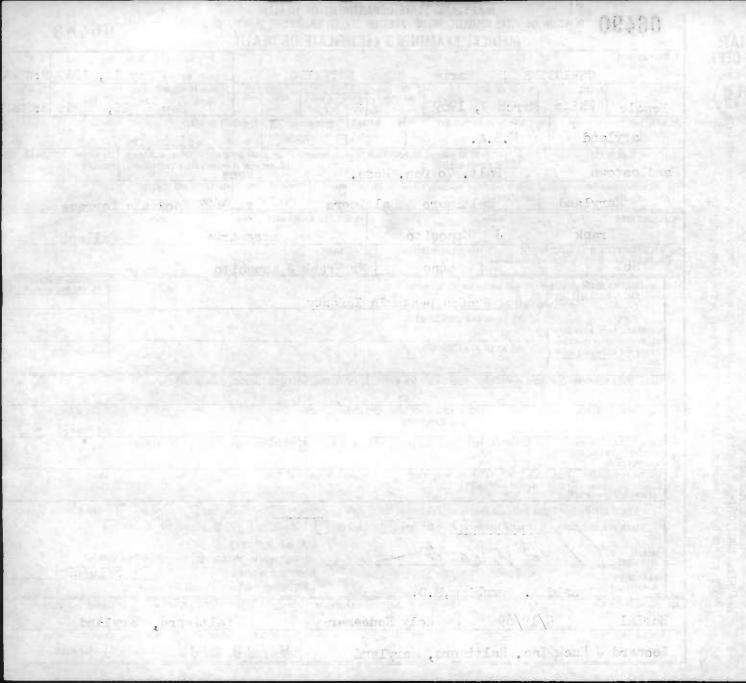
MARYLAND STATE DEPARTMENT OF HEALTH

16490 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06488

171730		MEDIC	AL EXAMINE	R'S C	ERTIFICAT	E OF DE	ATH		00	9400	5
1. DECEASED-NAME (Type or Print)	First		Middle		Lost		2o. DAT		lonth Doy	Yeor	2b. HOUR
(*)	CHRISTI	INE	Marie		ESPOS			H MATED MA	y 16,	1969	8:00m
3. SEX	4. RACE	5. DATE OF BIR	TH 6. AG	E (In years birthday)	MONTHS OAY		ZC. DAI	PRONOUNCED DE			2d. HOUR
Female		March 9	, 1969	- YR	s. 2 7		MO	May	16,	1969	8:00A
7a. BIRTHPLACE (Stat		b. CITIZEN OF WH			ARRIED NEVER		9. COUNTY OF	DEATH			
country) Mary]	land	U.S.A	1.	WII	DOWED D	IVORCED [Baltimon	re		Md
10. CITY OR TOWN O	F DEATH	11. N/	AME OF HOSPITAL OR II	NSTITUTIO	ON (If not in haspi	10l 12a. U	JSUAL OCCUPATIO	(Kind of wark o	lane 12b. 1	KIND OF BU	SINESS OR
Randlesto		Ba	treet oddress) Gen	. Но	sp.	during	None	g life, even if retir	red.) INDUS	STRY	
13a. USUAL RESIDEN	ICE (Where deceose	d lived if institu	tion- Residence before	e 13c. CIT	Y OR TOWN	13d. INSIDE CITY	LIMITS? 13e. STE	EET AND NUMBER			
admission) SMI	ryland	Ba	altimore	Bal	timore	YES N	1362	7 Rockda	le Ter	rrace	
14. FATHER'S NAME	First	Middle			IS. MOTHER'S	NAIDEN NAME	First	Middle		Lo	st
F	rank	J	Esposito			Ro	semarie		Fal	lloni	
160. WAS DECEASED EV	VER IN U.S. ARMED FO		16b. SOCIAL SECURITY I	NO.	17. INFORMANT			ADDRESS			
(Yes, na, grunknav	WII) (If yes give w	ear or dates of service)	None		Mr Fran	k J Es	posito	Sai	me		
1B. CAUSE OF	F DEATH (Enter only	one cause per li	ne far (a), (b), and (c)	.)						APPROXIMAT BETWEEN ONSE	
PART 1. I	DEATH WAS CAUSED	BY: S	udden Deat	h Tr	Infanc	v				DETTYLEN GITSE	AND QUAIN
79.5	X		AS A CONSEQUENCE OF			TL FOIL				34 - 3	
	ony, which gove	/b)									
	diole couse (o), (DUE TO, OR	AS A CONSEQUENCE OF	F	110.20	100	181-01				
lost.	identing couse	4.									
PART 2 OTHER	SIGNIFICANT CONDIT	(c)	ING TO DEATH BUT NOT	T RELATED	TO THE TERMINA	I DISEASE OF	CONDITION GIVEN	IN PART 1(a)	1		
	JOHN TOWN CONDI	TONS CONTRIBUTI	NO TO DEATH BOT NO	I KEDITE	V TO THE TERMINA	L DIJEAJE OK	CONDITION OIVEN	ile I AKT I(u)			
19a. DATE OF O	OPERATION		19b. CONDITION FOR V	WHICH O	PERATION					20. AUTOPS	Y?
FICA			WAS PERFORMED	?						YES S	NO 🗍
19a. DATE OF (CAUSE WAS	21b. TIME OF	I NJURY Month, Doy, Yea	or I	21c. HOW INJURY	OCCURRED (Fr	nter noture of iniu	ry in Part 1 or Po	rt 2 Item IR		140
F PRIMARY C	R CONTRIBUTING	HOUR A.	Μ.		211.11017 11.5011	occounts (E)	nor nototo ot inju	17 111 1 411 1 61 10	11 2, 110111 10	.,	
PRIMARY CAUSE OF DEAT		P.I	M. 19 At home, farm, street,		21f. LOCATION Str	eet or R F D. No.	Cit	y or Town	Cou	unty	Stole
WHILE N	NOT WHILE fact	ary, affice building			ZTI. LOCATION SIN	261 OI K.I.D. 140	. (1	y or rown	Cuc	Jilly .	21016
	AT WORK	1.1.64	. 1 .1	1 1	1.11. 4	. [52]	1			1.	
			he remains describ			The state of the s	Inspection			and in n	ny apinian
death re	esulted trem:	Natural caus	ses 🗷 , Accider	ıţ 🔲,	Suicide 🔲	, Hamicio	de [_], Und	etermined ma	nner		
ACTUAL	1/2	111	11.11			CHIEF MEDICAL					
SIGNATURE _	1) Pine	anj	Church	_	Triab.		OICAL EXAMINER	22b.	DATE SIGNE		
EXAMINER'S						DEPUTY MEDICA	-		5/1	6/69	
NAME (Type)	Konaru		blum, M.D.				t, city, town, or co				
23a. BURIAL, CREMA	16.3				RY OR CREMATORY			N (City ar Tawn)	(Coun	.,	Stale)
Burial Spec		/19/69			deemer	lee si	Balt	imore, l	Maryla	ind	
24. FUNERAL DIRECT			ADDR				D BY REGISTRAR		RAR'S SIGNA		
Leonard	J Ruck 1	Inc. Bal	timore, Ma	aryla	and	DAMAY	120 191	59 100	arles	young	Zo ·

VR A15ME (5) 10M REV. 1/08



23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Parkwood Cemetery

23d. LOCATION (City or Town)

1959

2Sa. REC'D BY REGISTRAR

Baltimore, Maryland

25b. REGISTRAR'S SIGNATURE

(County)

(State)

23o. BURIAL, CREMATION,

Burial (Specify)

24. FUNERAL DIRECTOR

23b. DATE

5-20-1969

Wm. Cook-B ooks Towson 1050 York Road 21204

i, e e e

		l l							NT OF HEA				
16	1		06492	DIVI	ISION OF VITA		301 W. PR			RE, MAR	YLAND 21201	06490)
The law requires that the death certificate be-executed within 24 haurs after death.	ompletely filled in by the funeral ve corban popers. Pages I and 2 event, within 72 hours after death.	1	ECEASED-NAME Type ar print)	First	TRA TYPO32	Middle		Lost	2	o. DATE OF	DEATH /22/69 Death Death Death	y Year	2b. HOUR
9	E-a	3. \$	Y UE		FAHEY		10	S. DATE OF BIRT	u			I IF UNDER 1 YEAR	IF UNDER 24 HRS.
affe	afts aft	1			MCL			DATE OF BIKE	П		6. AGE (In years last birthday)	MONTHS OAYS	HOURS MIN.
LIS	Pa Pa urs	70	BIRTHPLACE (Stote or foreign	75 (1)	TIZEN OF WHAT CO	MINITOVA	10	April (3rd, 190		61 YRS.		
a a	in b rs.	cou	ntry)	70. CI	TIZEN OF WHAT U	JUNIKT?		NEVER MARRI		OUNTY OF			
24	ed i	10	Balto Md	U;	SA		WIDOWED			Balt			M
를	completely filled ove corban pope y event, within 77				nive street	nddrass)	STITUTION (If nat		12a. USUAL O	CCUPATION	(Kind of wark dane	12b. KIND OF	BUSINESS OR
× ×	remove corban only event, with	Ro	USUAL RESIDENCE (Where	Balto	. Co.	622 Mur	dock Ro	l.	Police	Offi	ife, even if retired.)	INDUSTRI	
ed	c vent o ble	13o. adm	USUAL RESIDENCE (Where of ission) STATE	eceosed live	d, if institution: R o. COUNTY	esidence before	13c. CITY OR T		J. INSIDE CITY LIMITS?		EET AND NUMBER		
acut	Com		Md		Balto.			У	ES NO	622	2 Murdock	Rd.	
×	pu pu	14.	ATHER'S NAME First	17 200	Middle	Lost	15.	MOTHER'S MAID	EN NAME First		Middle		Last
a	d in d		Michael Fah	ey				Annie	Kavne	v			
-	00 00		WAS DECEASED EVER IN U.S	. ARMED FOR		SOCIAL SECURITY	NO. 17. INI	FORMANT			Address		
1	physicion ond (see the phose tempore) oval, ond in ony		no (11 ye	give war or date	- 21	5-34-07	71 Mrs	. Franc	ces E. H	ahey-	-622 Muuro	dock Rd.	
G	physician. signed by the attending physicion ond co burial-transit permit. Then pleose remo burial, cremotion, or removal, ond in ony		18. CAUSE OF DEATH (Ent	er anly one	cause per line far	(a), (b), and (c)						APPROXI	MATE INTERVAL
ath	an. by the attending ransit permit. Th cremotion, or rem		PART I. DEATH WAS O	AUSED BY: MEDIATE CAU	/	19	ana	M	le	1100	Lati		EX RS
de	attendir permit. ion, or re		185 × 1m		UE TO, OR AS A C	V	Corce		1	(0)	- 4	04 13	EXIL
the	o to		Conditions, if any, which o	ave)	OL TO, OK AS A C	ONSEQUENCE OF		0	V				
tou	y # y # eme		rise to immediate cause	(a).	UE TO, OR AS A C	ONSEQUENCE OF		-					
+ + 5	d b		stating the underlying colost.	Use	(c)	ONSEGOTIVE OF						E 250 K	
U.i.e	pnysician. signed by the burial-transit burial, cremo		PART 2. OTHER SIGNIFICAN	T CONDITION		TO DEATH BUT N	OT DELATED TO	THE TEDMINIAL D	HISTAGE OD CONDI	TION CIVEN	INI DADT 1/->		
2 5			TART 2. OTHER SIGNIFICAN	CONDITION	3 CONTRIDOTINO	TO DEATH DOT IN	OI KLLAILD IO	IIIL TERMINAL D	IJSLASE OK CONDI	ITION GIVEN	IN PART I(0)		
3:5	ficote has been signed by for use as the burial-trail. Health prior to burial, cre	NOI	19a. DATE OF OPERATION	10h CONDIT	ION FOR WHICH OF	PEDATION WAS DE	DEODMED	20a. AUTOPS	vn	1001 15	VEC WEDE FINDINGS	CONCIDENTED IN CO	DIEMBIO
l e l	as as pri	CERTIFICATION	Tra. DATE OF OFERATION	170. CONDIT	TON TON WITHEIT OF	TKAHON WAS FE	Krokmed				YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	KIIFYING
÷ 5	are e h	ERT	21a. ACCIDENT WAS UNDE	DIVING In	TIME OF INDI	DV	To. 1101	YES	NO 🗌				
AN	He He		OR CONTRIBUTING CAUSE O		P.16. TIME OF INJU HOUR A.M. Ma	nth Day Year	21c. HOV	A INJURA OCCUR	RED (Enter note	ure at injury	in Port 1 ar Part 2,	Item 18.)	
SIC	ed ed of	MEDICAL	(If either, notify medical e		P.M.	1	9						
PHYSICIAN:	by the nospital of fler this certificate be detached for u state Dept. of Heal	-	21d. INJURY OCCURRED While Nat while	21e. PLACE	OF INJURY (AT HO	ME, FARM, STREET, FAI BUILDING, ETC.	CTORY,) 21f. LOCA	ATION Street o	or R.F.D. No.	City	or Town	County	State
5 4	det det te D		ai waik ai waik								59111111		
OR ATTENDIN	by in Offer the be de Stote		22o. I certify that (I sow the decease couses stored o	(this hos	pitol) attended	the deceos	ed from	- 2	_, 19_68	, to	5-22,19	69, that	(I) (we) los
EN	wid A: A		sow the deceded	ove (1)	n / dide did	not Prior the	body ofter de	thot in (my)	(our) opinior	deoth o	ccurred on the de	ote and hour o	and from the
A E	5 84		22b. SIGNATURE	3010, (1) (1	TOT VIEW THE	body offer de	om.				DATE SIGNED	
S.S.	d 3 78 €	-	fr	X	(/pan	7-7	DEGREE	ATTENDING PHYS.	MED.	on []	STAFF PHYS.	DATE SIGNED	
7	Tie da de		22d. PHYSICIAN'S		7 000		2	22e. ADDRES		UK 🗀	PH/3.		
7114	RA Per		NAME (Type)	ancia	X Carn	odre	M.D.		L N. Cha	mles	Street		
ISO OSI	FUNERAL DIRECTOR: A director, page 3 should should be filed with the	230	BURIAL, CREMATION,	23b. DATE	A, GALCH		CEMETERY OR CE				(City or Town)	(C	(6)-1-)
TO HOSPITAL OR ATTEND	Toge 4 may be retained by the nospital of attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	200.	REMOVAL (Specify) Burial	5/26/	10	YALVWVY	YYYYVAT	X Holy	Redeem	OLIOCATION	(city of lown)	(County) Balto.	(Stote) Md
F		24.	FUNERAL DIRECTOR	2/20/1	09	ADDRESS	SAVI CELON	070 20		GISTRAR _	25h PEGISTPAP'S	SIGNATURE	Md
	VR A15 VAV	N	funeral director itchell-Wied	efeld	Home-65	00 York	Rd. 21	212	MAYZ	8 191	69 Killia	res las	Lette !
	10							D.	ATE		1 1/	1	0

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LONG E. U. PAREZ .

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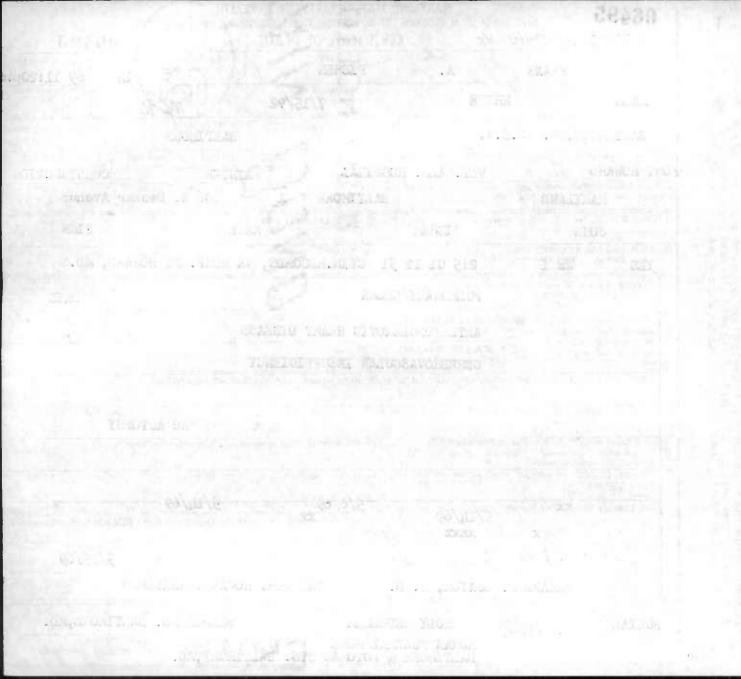
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MARYLAND STATE DEPARTMENT OF HEALTH 06493 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06491 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost funeral I and 2 fer death. 2a. DATE OF DEATH 2b. HOUR becakecuted within 24 haurs after death (Type or print) and completely filled in by the fur remave carban papers. Bages I in any event, within 72 haurs after 3. SEX 4 RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b. COUNTY 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Middle please physician con please requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) remaval, the attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY crematian, ar IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditions, if any, which gave rise ta immediate couse (a). attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) prior ta l as the TO FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? USe Health YES the hospital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Month Day Year g (If either, notify medical examiner) be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while at work 22a. I certify that (I) (this haspital), attended the deceased from august _1964, and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive on Juna 62 be retained shauld causes stated abave, (1) (we) (did)/(did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED directar, page 3 shauld be filed v DEGREE DIRECTOR TO HOSPITAL C 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (Stote)

TOUR STREET, AND ADDRESS OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06492 1. DECEASED-NAME First Lost 20. DATE OF DEATH death. 2b. HOUR requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral nen please romove) carban papers. Rages 1 and oval, and in any eyent, within 72 hours after deat (Type or print) 05 Month 12 6 gor CECELIA FILLIAUX KATHERINE :307 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. los birthdoy) FEMALE 1-20-89 CAU 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S.A. WIDOWEDXX BALTIMORE CO. DIVORCED [ID. CITY OR TOWN OF DEATH. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done GRTR. BALTO MED. CENTER during most of working life, even if retired.) INDUSTRY TOWSON, MD. 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Baltimore in any eye YES Timonium 43 Gorsuch Road 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Philip G. Fleischman ???????????? Anna 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, 90 or unknown (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 220-44-=3042 Mrs. Cecelia Law, Same as # 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH CARDIORESPIRATORY FAILURE & DIABETES IMMEDIATE CAUSE (o) MELLITUS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the l f Health priar tab has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 5-11- , 19 69, ta 5-12 saw the deceased alive an 5-12-69 deceased fram 19, and that in (mv) (aur) apinian death accurred a 19 69 that (I) (we) last , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED Meshkingour ATTENDING directar, page 3 shauld be filed v DIRECTOR 22e. ADDRESS NORTH CHARLES PHYSICIAN'S NAME (Type) DR. HOOSHANG MESHKIN POUR 23h DATE 23o. BUR!AL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) May 15, 1969 Oak Lawn Cemetery Baltimore, Maryland Wm. Cook-Brooks Towson, Towson, Maryland 21204 DAKAY 13 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Milleanles Judge

3	- 1	Et	06495 em6 FilmG413 5	DIVISION OF V	ITAL RECORDS,	301 W. PRE	TE OF DE	, BALTIMOR	TH E, MARYLAND 2		6493	3
-4	funeral fond 2 ter deoth.	1. D	ECEASED-NAME Fir Type or print) FF		Middle A •	FIS	Lost		DATE OF DEATH Month	Pgy	Yeor 69	2b. HOUR 11:20p%
	= = =	3. 3	MALE	WHITE		5.	7/15/9	92	6. AGE (In y lost birthog	YRS.	ONTHS DAYS	HOURS MIN
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	physicion ond completely filled in the please remove corbon papers oval, and in any event, within 72 h	FO	CITY OR TOWN OF DEATH RT HOWARD	give str		OSPITAL	d	uring most of	JPATION (Kind of woi working life, even if r TER	etired.)		WCTION
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9	icion ond colease remo		FATHER'S NAME First JOHN	Middle	FISHER		OTHER'S MAIDEN	NAME First KATE	Á	Middle	FIN	Last
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3	attending physician attending physician, has been signed by se os the burial-troit harior to buriol, cre	NO	PART 2. OTHER SIGNIFICANT (ONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO TI	HE TERMINAL DISE	ASE OR CONDITI	ON GIVEN IN PART I(a)		
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NA S	spitol or att	MEDICAL CE	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF O (If either, notify medical exo	EATH HOUR A.M. miner) P.M.	Manth Day Year				af injury in Part 1 a	r Part 2, Iter	m 18.)	- 4
ond,	the hos this ce detache e Dept.	W	While Nat while		IT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.				City ar Town		County	State
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	DIRECT DIRECT Be 3 sh lied with		22b. SIGNATURE LANGE	9-9- Bue	mas de	8 DEGREE	ATTENDING PHYS.	MED. DIRECTOR			is signed 6	9
AT CO	VERAL Tor, po			HARD J. BUI			+		IARD, MARY			
9	Page To Fut direct shou		BUR LAL	D. DATE 5/19/69	HOLY RI	EDEEMER			LOCATION (City or To-			MD.
	VR A15 410	24.	FUNERAL DIRECTOR		MORAN FUNI BALTIMORE	ERAL HO	AC STS	RECID BY REGIS	TORE, MD.	SISTRAR'S SIG	SNATURE	yes:
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	Robert	Middle Pearce	F	lost isher	20	o. DATE OF DE	Month 24 Do	y 196 9	2b. HOUR 8:47
3. SEX Male	4 RACE Wh	ite		S. DATE OF BIF	ne 1, 192	25	AGE (In years lost binhdoy) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7o. BIRTHPLACE (Stote or foreign country) Maryland ID. CITY OR TOWN OF DEATH Baltimore	U.S.A.		WIDOWED TITUTION (If not	t in hospital	CED 120. USUAL OC	CCUPATION (K	timore ind of work done	INDUSTRY	BUSINESS OR
30. USUAL RESIDENCE (Where de	eceosed lived, if institution land 13b. COUNTY B	Residence before	13c. CITY OR 1		13d. INSIDE CITY LIMITS? YES NO 1		T AND NUMBER 31 Edgeda	Road C	21234 nue
14. FATHER'S NAME First Henry	Middle Bovd	lost Fishe:	15.	MOTHER'S MA	IDEN NAME First	1	Middle	Pearce	Lost
16a. WAS DECEASED EVER IN U.S.	ARMED FORCES? 1	6b. SOCIAL SECURITY N 212-20-592	10. 17. IŅ	FORMANT Vife -			Address	same	IMATE INTERVAL
Conditions, if ony, which go nise to immediate couse (stating the underlying coulost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	(o), (b) DUE TO, OR AS	1797	OT RELATED TO		. DISEASE OR CONDI	ITION GIVEN I	ES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M.	Month Doy Yeor		W INJURY OCC			in Port 1 or Port 2,		Canta
While Not while of work 22a, I certify that (%) saw the decease causes stated ab 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	(this haspital) attend d alive an spave, (I) (we) (did) (did	ded the decease	ed fram, and body after do	that in (my eath. ATTENDIN PHYS. 22e. ADDR	, 19 69 y) (aur) apinian IG MED. RESS O York Ro	oad, Te	STAFF Z2c.	DATE SIGNED 5-24	1-69
REMOVAL (Specify)	23b. DATE 5-27-69	23c. NAME OF C	CEMETERY OR C				(City or Town) Core Cour 2Sb. REGISTRAR'S	(County)	(Stote)

director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages V and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours effer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical director, page 3 should be detached for use as the burial-transit permit. Then p

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

. DECEASED-NAME	First		Middle		Lost		20. DAIL OF				2b.	HOUR
(Type or print)	MILES		E.	FORD			May	Month	7 Doy	1969	12	:00
3. SEX	4. RA	CE		S.	DATE OF BIRT	Н		6. AGE (In year		UNDER 1 YEAR	IF UNDER	
Male		White			3-28	-27		lost birthdoy)	YRS. MDI	THS DAYS	HOURS	MIN.
o. BIRTHPLACE (Stote or		ZEN OF WHAT COU	NTRY? 8.	MARRIED [NEVER MARRI	DIT IS	COUNTY OF	DEATH				
ountry) Washington,	D.C.	USA		IDOWED _		DE	Bal	timore				M
O. CITY OR TOWN OF DEA	TH	11. NAME OF H	OSPITAL OR INSTITU	TION (If not	in hospitol	12o. USUAL	OCCUPATION	(Kind of work	done	12b. KIND OF	BUSINES	SOR
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	First	Middle	Lost	1S. A	NOTHER'S MAID			Mid			Lost	
		E.	Ford CIAL SECURITY NO.	117 100	ORMANT	Marga	ret			ener		L D
60. WAS DECEASED EVER Yes, no, or unknown) es-WWZ	(If yes give wor or doles of	ES? 100. SU	2 - 24 - 364			+ Coli	210	Addr		A =====		47
the second second second				1 IVI	argare	t Cell	16=340	6 Wood	bine		MATE INTER	
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FAKE Z. UTHER SIGN	IFICANT CONDITIONS	COMIKIROLING TO	DEATH BUT NOT K	ELATED TO I	TE TERMINAL I	IISEASE UK CC	MUTHUM GIVE	N IN PAKT I(0)				
190. DATE OF OPERAT	ON 19b CONDITIO	N FOR WHICH OPER	RATION WAS PERFOR	MED	20a. AUTOPS	y?	20h IF	YES, WERE FIND	INGS CONS	IDERED IN C	ERTIFYIN	G
190. DATE OF OPERAT	Tro. conditio	OK WINCH OF LE	WALLE TO THE OF		YES X	NO 🗔		OF DEATH?		- LINED IN C		
	UNDERLYING 21	b. TIME OF INJURY		21c. HOW			noture of injur	ry in Port 1 or P	ort 2, Item	18.)		
OR CONTRIBUTING (If either, notify me		DUR A.M. Month	h Doy Yeor			at Z						
	RED 21e. PLACE OF		FARM, STREET, FACTORY.) 21f. LOCA	TION Street	or R.F.D. No.	City	or Town	(ounty		State
While Not while		/ OFFICE B	BUILUING, ETC.									
22a. I certify th	at (% (this hasp	ital) attended	the deceased t	ram	May II	, 19.69	9_, to1	May	, 19_6	9, that	(1)× (v	/e) la
saw the de	ceased alive an	May 17	7196	9 . and 1	hot in (264)	(our) opin	ion death o	occurred an t	he date	ond hour	and fro	om th
22b. SIGNATURE	en anave, (x) (v	rej (ala) (ala no	view the bad	y difer de	uill.				22c. DAT	F SIGNED		
ZZO. STOUNTORE	a Ohm	bille	ueno h	DEGREE	ATTENDING PHYS.	☐ ME	D. RECTOR	STAFF PHYS.		-17-69)	
22d. PHYSICIAN'S	Java J	10 119000			22e. ADDRE	SS	LV W	11113.				
NAME (Type)	Christine	Felicia	ano, M.D.		7620	York	Road,	Towson,	Mar	yland	212	04
30. BURIAL, CREMATION,	23b. DATE		23c. NAME OF CEM				23d. LOCATIO	N (City or Town) (County)	(Stote	e)
Betword (Decity)	5-20-6	59	Druid F	Ridge	Ceme	tery	Balti	imore,	Mary	rland		
4. FUNERAL DIRECTOR			ADDRESS		2	So. REC'D BY	REGISTRAR 19	CO2Sb. REGIS	TRAR'S SIG	NATURE	Mar.	
Armacost	Funeral (Chapel-	4600 Lib	erty	Hts	NAY STATE	20 13	1 00		1	(P.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Priges 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and has payevent, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 176

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Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

'	10300				CERTI	FICATE OF D	EATH				0010	0
		NORHAN NORHAN		Middle	re	FOSLES	2	2a. DATE OF	DEATH Manth	Doy	96491	2b. HOU 9.20
3. SEX	М.	4. RACE	W	,		5. DATE OF BIRT	6.00	3	6. AGE (In ye last birthda	rars Y) YRS.	MONTHS DAYS	HOURS M
cauntry)	BALTIMO	gn 7b. CITIZEN	1		WIDOV	IED NEVER MARRIE	D		ltimb			
1	BALTIMO		give street	address) BC	GH	(If not in hospital	during mast	occupation of the property of	fe, even if re	tired)	12b. KIND OF INDUSTRY & O R	BUSINESS OR R
admissian)	Ma.	136. COI	УТУ		BAI	TIMORE Y	ES NO	70	EET AND NUM		N WOO!	DAVE
14. FATHE	Geo	rge		osler		15. MOTHER'S MAID		nes	Mi	ddle	Ke	nney
Yes, no	no	yes give war or dates of sei	vice)	SOCIAL SECURITY N		Kenneth	Fosle	er, s	on,66	dress 2		aks
Canarise stati	ditions, if any, which to immediate causing the underlying o	CAUSED BY: MMEDIATE CAUSE (a DUE TO gave e (a), cause DUE TO COURSE DUE TO (I	D, OR AS A CO., OR AS A CO.	ONSEQUENCE OF ONSEQUENCE OF	MI MI	- 3	, HEA				BETWEEN O	NSET AND DEATH
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WEDICAL CALL OF THE PROPERTY O	R CONTRIBUTING CAUSE OF CAUSE	of GEATH HOUR examiner) 21e. PLACE OF IN	A.M. Ma P.M. JURY (AT HO OFFICE	nth Day Year 19 ME, FARM, STREET, EAC BUILDING, ETC.	TORY,) 21	f. LOCATION Street a	r R.F.D. Na.	City o	r Tawn		County	State (1) (we) lo
	saw the decease causes stated of SIGNATURE	sed alive on			9	and that in (my) er death.	(our) opinio	an death o		the date	e and haur o	and from the
	PHYSICIAN'S NAME (Type)	A. GARON	A /De	. Buja		PEGREE ATTENDING PHYS. 22e. ADDRES		CTOR 🗀	STAFF PHYS. D		.20,6	1
REMO	AL, CREMATION, 2141 (PSit)	23b. DATE 5/23/6		Rosed	ale	OR CREMATORY Cemeter		Marti	nsbur	g. V	(County) V. Va.	(State)
24. FUNER	chimunek 2601 E	Funera	al Ho son S	me, ADDRESS t.	c.		a. REC'D BY R	REGISTRAR 26 19	2Sb. REGI	SIRAR'S S	IGNATURE JAN	ege.

in any event, within 12 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending <u>physician</u> and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 2 hours after deat

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1. DECEASED (Type or	neint)	First elia		Middle M .	Fost	Last Or		2a. DA	TE OF DEATH Manth	Doy	69 ^{Yeor}	2b. HOURA	
3. SEX	Female		4 RACE White			S. DATE OF 19)-13	BIRTH 3-1881		6. AGE (In year last dighday)	S IF	UNOER I YEAR DNTHS DAYS	IF UNOER 24 HRS. HOURS MIN	
country)	Penn.	ign 7b	CITIZEN OF WH		WIDOWED		ORCED		Balto.			Mo	
Rà	TOWN OF DEATH	- 1W50	W give s	ME OF HOSPITAL OR INStreet address)	ts	A.E.M			TION (Kind of work of king life, even if retir		12b. KIND OF INDUSTRY	BUSINESS OR	
13a. USUAL admissian)	RESIDENCE (When	deceased •	lived, if instituti 13b. COUNTY Ba	an: Residence before		r TOWN	13d. INSIDE CITY YESN		e. STREET AND NUMBE .03 Dunbar		Rd. 21	212	
14. FATHER			Middle	Geary		S. MOTHER'S	MAIDEN NAME	First Mary	Midd	lle	Ry	an last	
16a. WAS I Yes, no.	DECEASED EVER IN		FORCES? r dates of service}	16b. SOCIAL SECURITY N 215 22 060	10. A 17.	informant Edna M	. Cadi	gan :	103 Dumbar	ton	Rd.		
Condi rise to	PART I DEATH WA	S CAUSED B' IMMEDIATE h gave se (a),(Y: CAUSE (a)C DUE TO, OR A (b)	e for (o), (b), ond (c); congestive s a consequence of Arteriosc s a consequence of	Heart!			ase			BETWEEN (DASET AND GEATH	
NO.	2. OTHER SIGNIFIC			CH OPERATION WAS PE		200. AUT	TOPSY?	20		NGS CONS	SS CONSIDERED IN CERTIFYING		
₹ □ OR	ACCIDENT WAS UN CONTRIBUTING CAU her, notify medico	SE OF DEATH exominer)		Manth Doy Year					f injury in Part 1 or Pa	ort 2, Iten	n 18.)		
₹ 21d. While	INJURY OCCURRED Nat while	21e. PL/	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. L	OCATION Str	eet or R.F.D. No	0.	City ar Tawn	(Caunty	Stote	
	saw the dece	sed alive	gn5=	nded the decease 2-69 1 did nat) view the l	9, an	d that in (, 19_ my) (aur) ap	69_, ta inian dec	5-2- oth accurred an th	., 19 <u>6</u> ne date	59 , that and haur	(I) (we) las	
	PHYSICIANS	me	fun	galan	DEG	REE PHYS.		MED. DIRECTOR	STAFF PHYS.		e signed 2-69		
	NAME (Type)		ie Punz			76			21204				
REMO	AL, CREMATION,	23b. DAT 5/5/		23c. NAME OF Cathed					CATION (City or Town) B altimore	Ba	(County)	(Stote) Md.	
	al DIRECTOR ell Wied	efeld	Home 6	ADDRESS 500 York	Rd.		2Sa. REC'D	BY REGISTRA	1969 25b. ASGIST	RAR'S SIG	NATURE	ge !	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201

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W	v	U	V	V

0	6500			CERTIFIC	ATE OF DE	ATH			0.6	49	8
1. DECEASED (Type or	print)	First irgini	Middle	Fos	last Ster	2	o. DATE OF D	Month D	°Y 196	eor	2b. HOUR
3. SEX	male	4. R			s. DATE OF BIRTH Jan 29			6. AGE (In years lost birthday) YRS	IF UNDER MONTHS	DAYS	HOURS MIN.
70. BIRTHPL country)	ACE (Stote or forei	gn 7b. (IT	IZEN OF WHAT COUNTRY? $U \cdot S \cdot A \cdot$	WIDOWED [timore		ty,	M
Cat	TOWN OF DEATH			noke Dr.	ive	during most of	f working li	Kind of work done fe, even if retired. Inager		STRY _	andy
13o. USUAL odmission)			l, if institution: Residence before COUNTY Raltimor	re 13c. CITY OR	YE	INSIDE CITY LIMITS?	13e. STRI	EET AND NUMBER Roanoi	Z. ke D	212 riv	
14. FATHER'S	s NAME First	Fos	Middle Las		Mother's Maide	N NAME First	Walt	Middle ers			Last
16a. WAS D	eceased ever in to		CES? 16b. SOCIAL SECUR	17. II 36454	rs. Etl	nel L.	Dou	gherty-	3071	ur	106
	ART I. DEATH WAS		ouse per line for (a), (b), and	(c).)	elmonan	1 e de	ma				ATE INTERVAL ISET AND OEATH
	tions, if ony, which	gove)	JE TO, OR AS A CONSEQUENCE (b) LEON	gestive	hart	filler		15/45	ó	2 4	ears
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF									?	
	2. OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DI	sease or cond	ITION GIVEN	IN PART 1(o)			
190. DA	ATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY	? NO □		YES, WERE FINDINGS OF DEATH?	CONSIDER	ED IN CE	RTIFYING
3 DORG	CCIDENT WAS UNI	E OF DEATH	1b. TIME OF INJURY HOUR A.M. Manth Day Y P.M.		W INJURY OCCUR	RED (Enter not	ture of injury	in Part 1 or Part 2	2, Item 18.		
210. 1	NJURY OCCURRED Not while ot wark	21e. PLACE (OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	r, FACTORY.) 21f. LO	CATION Street or	R.F.D. No.	City o	r Town	Count	γ	Stote
	saw the decea	sed alive a	pital) attended the dece n	19 <i>6</i>	that in/(mv)		_, ta <u>}h</u> n death o		9 <u>6 7 </u>	, that haur o	(I) (we) la: and fram th
22b. SI	GNATURE O	e. me	Loughdin	DEGR	11113.	MED. DIREC	TOR 🗆	STAFF PHYS. 22	c. DATE SIG	NED C	9
	PHYSICIAN'S NAME (Type)				22e. ADDRES	S					
BUP	L, CREMATION, VAL (Specify)		1969 Wood	of CEMETERY OR dlawn C	emeter	U	Bali	(City or Town)		ula	(Stote)
24. FUNERA	AL DIRECTOR		Juneral Estate ADDI mondson Ave.	RESS		REC'D BY RE	GISTRAR 1969	2Sb. REGISTRAL	e's signar	Bridge	2.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicary and campletely filled in Dy the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1(68)

Catonsville, Md. 21228

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

116501	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH		06499			
	first Middle Patricia	FOX	20. DATE KNOWN Month I	1 1969 A.M			
3. SEX 4. RACE Whi	s. DATE OF BIRTH 4-30-63 6. AGE (in y last purhode)	years IF UNOER 1 YEAR IF UNDER 24 HRS. ay) MONTHS DAYS HOURS MIN. YRS.	2c. DATE PRONDUNCED DEAD Month 5 Day 1	Year 1969 6:05 M			
70. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED 9. CO	Baltimore	Md			
10. CITY OR TOWN OF DEATH Owings Mill	TUDDE MOOR DESTE	Hospital during most	of working life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY			
odmission) STATE Maryla	- IV	Baltimore YES NO	13e. STREET AND NUMBER 1115 Durst S	t.,			
14. FATHER'S NAME First Tony		15. MOTHER'S MAIDEN NAME First Rear Pat	Middle	lost Meyers			
16a: WAS DECEASED EVER IN U.S. ARMI (Yes, na_or_unknawn) (If yes	ED FORCES? give war or dates of service)	17. INFORMANT Rosewood State B	ADDRESS Hospital, Owings	Mills, Md.			
PART I. DEATH WAS CAU IMME 744 Canditions, if any, which gav	DUE TO, OR AS A CONSEQUENCE OF Grand Ma.	n Pneumonia l Seizures , Psycho	omotor Retardatio	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH 2 days n since birt			
rise to immediate cause (a stating the underlying caus last.	DUE TO, OR AS A CONSEQUENCE OF Microcep						
	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(o)				
190. DATE OF OPERATION none	19b. CONDITION FOR WHICH WAS PERFORMED?	operation none		20. AUTOPSY? YES NO MO			
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION CAUSE OF DEATH 21d. INJURY OCCURRED 21	21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter not none	ure of injury in Port 1 or Port 2, Iter	n 1B.)			
21d. INJURY OCCURRED 21 WHILE NOT WHILE AT WORK AT WORK	WHILE NOT WHILE factory, office building, etc.)						
ACTUAL SIGNATURE EXAMINER'S NAME (Type) D.D.C	I took charge of the remains described of Notural causes , Accident Caples, Reisterstown,	, Suicide , Hamicide CHIEF MEDICAL EXAMI M.D. ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM Md ADDRESS(Street, city, t	AMINER 22b. DATE SI MINER 5/2 own, or county) Baltimo	GNED 1/69 ore			
DEMOVAL Caracted		TERY OR CREMATORY 230	1 - A	County) (State)			

VR A15ME (5) 10M REV. 1/68

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5 moy be retained for your files.

TO DEPUT?

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State De the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with farm

RAL DIRECTOR: Page 3 should be used os a punur norm promise of the death. prior to burial, cremotion, or removal, and in any event within 72 hours after death.

FUNERAL DIRECTOR

250 PEC D BY REGISTRAP 1969 2Sb.

24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. DECEASED-NAME (Type ar print)	6			CERTIFICATE OF DEATH					00500		
1 10 1 1	First	A FILE SE	Middle		Lost		2o. DATE O	F DEATH Month	Dou	Vons	2b. HOUR
	THOMA				FRAZIE	R	T	MAY,	11	, 1969	10:30
3. SEX		4. RACE		5. DATE OF BIRTH			6. AGE (In years		IF UNDER 1 YEAR	1F UNDER 24 HRS HOURS MIN	
MALE		CAUCA	SIAN		JUNE	29, 18	94	lost birthday	YRS.	MONINS DATA	HOUKS MIN
7a. BIRTHPLACE (Ste	e or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MAR	RRIED 9.	COUNTY O	F DEATH			
MARYLA	D	U.S.A		WIDOWE	D X DIVO	RCED 🗌		BALTIMO	RE		Md
10. CITY OR TOWN	DEATH	11. N/	ME OF HOSPITAL OR INS	TITUTION (I	f not in hospital	12a. USUAL	OCCUPATION	(Kind of work	done	12b. KIND OF E	BUSINESS OR
FORT H		11. NAME OF HOSPITAL OR INSTITUTION give street oddress) VETERANS ADMIN			HOSPITAL during mast of warking life, even if retired CARPENTER			tired.)	industry CONSTRUCTION		
13a. USUAL RESIDEN	E (Where decease	d lived, if institut	ion: Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY LIMIT	S? 13e. S	TREET AND NUM	BER		
admissian) STAIF MAR	LAND	13b COUNTY I	MORE	P	SSEX	YES NO	1	44 POPL	AR R	CAC	
14. FATHER'S NAME	First	Middle	Last		1S. MOTHER'S M	AIDEN NAME Firs		Mi	ddle		Lost
	EORGE	A	A FRAZIE		ER MARY		Y			HOLTON	
16a. WAS DECEASED EVER IN U.S. ARMED FO			16b. SOCIAL SECURITY N	10. 17	. INFORMANT		100	Add	dress		
Yes po or unkno	(III yes give wai	r or dates of service)	es of service) 213 09 9245 CLINICAL REC		L RECOR	ORDS, VA HOSP, FT		FT I	HOWARD.	MD	
18. CAUSE O	DEATH (Enter anly	one couse per lin	ne far (a), (b), and (c).				7			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. I	ATH WAS CAUSED	BY: CH	RONIC PULL	MONAR	Y EMPHY	SEMA ANI	BRON	CHITIS		years	
490	, initial control		S A CONSEQUENCE OF				4				
Conditions, if	Conditions, if ony, which gave)										
	nse to immediate cause (o). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
last. (c)											
PART 2. OTHE	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
Z DIAB	TES MELL	TTUS									
190. DATE OF C	190. DATE OF OPERATION 19b. CONDITION FOR WHI			WHICH OPERATION WAS PERFORMED				IF YES, WERE FINDINGS CONSIDERED IN		NSIDERED IN CE	RTIFYING
					YES	NO 🔀	CAUSE	S OF DEATH?			
	WAS UNDERLYING			21c.	HOW INJURY OC	URRED (Enter n	ature of inju	ry in Part 1 ar	Part 2, Ite	em 18.)	
S OR CONTRIBUT	IG □ CAUSE OF DEATH y medical examine	HOUR A.M.	Month Day Year								
a lill either, not	CURRED 21e. P	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		LOCATION Street	et or R.F.D. No.	City	or Tawn		Caunty	State
₹ 21d. INJURY (while		OFFICE BUILDING, EIC.	1							
While No	wark -										
While Na at wark 220. cert	v that OX (this	haspital) otte	ended the deceose	d from_	5-10-6	9 , 19	, to!	5-11-69	_, 19_	, that	(we) los
While Na at wark at 22a. I cert	y that () (thise deceased ali	ve an	ended the deceose	90	ind that in (TX	9 , 19 X (our) opini	, to on deoth	5-11-69 occurred on	, 19 the date	, that e ond hour o	(we) los
While No at wark at 22a. I cert saw the couse	y that (M) (this e deceased ali- stoted above,	ve an	ended the deceose -11-69 	90	ind that in (TX	9, 19 X (our) opini	, to on deoth	5-11-69 occurred on	the date	e ond hour o	(we) los
While No at wark at 22a. I cert	y that (M) (this e deceased ali- stoted above,	ve an	-11-69 1	9, a pody ofte	r death. ATTENDI	(our) opini	on deoth	occurred on	the date	e ond hour o	(we) los
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While Not	y that (X (this e deceased ali stoted above,	ve an 5 (M (we) (did);	MXXXXview the b	9, a pody ofte DE	r death. GREE ATTENDITE PHYS. 22e. ADD. V.	NG MEE DIRI RESS A HOSPT	CTOR C	STAFF PHYS.	22c. DA 5.	e ond hour of the signed -11-69 MARYL	and from the
While No at wark at wark at wark at couse 22b. SIGNATUR 22d. PHYSICIA NAME (T)	y that (X (this e deceased ali stoted above,	ve an 5 (M (we) (did);	M.D.	9, a pody ofte DE	r death. GREE ATTENDIT PHYS. 22e. ADD V.	NG MEE DIRI RESS A HOSPT	CTOR CTAL, J	STAFF PHYS. X	22c. D/ 5· WARD	TE SIGNED -11-69 , MARYL	
22d. NJUKT On the property of	y that (X (this e deceased alirstoted above, e) PETER (10N, 23b. DA (fy)	V JUVAN	MXXXXview the b	9, a pody ofte	r death. GREE ATTENDIT PHYS. 22e. ADD V. OR CREMATORY	MG MEE MRESS A HOSPT	CCTOR CTAL, J	STAFF PHYS. X	22c. DA 5. WARD	e ond hour of ATE SIGNED -11-69 , MARYL ((Caunty))	AND (State)

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FOR STATE HEALTH DEPT.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the funeral director. the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages Land with the State Dep Health priar ta burial, cremation, or remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files.

TO DEPUTY

VR A15ME 151

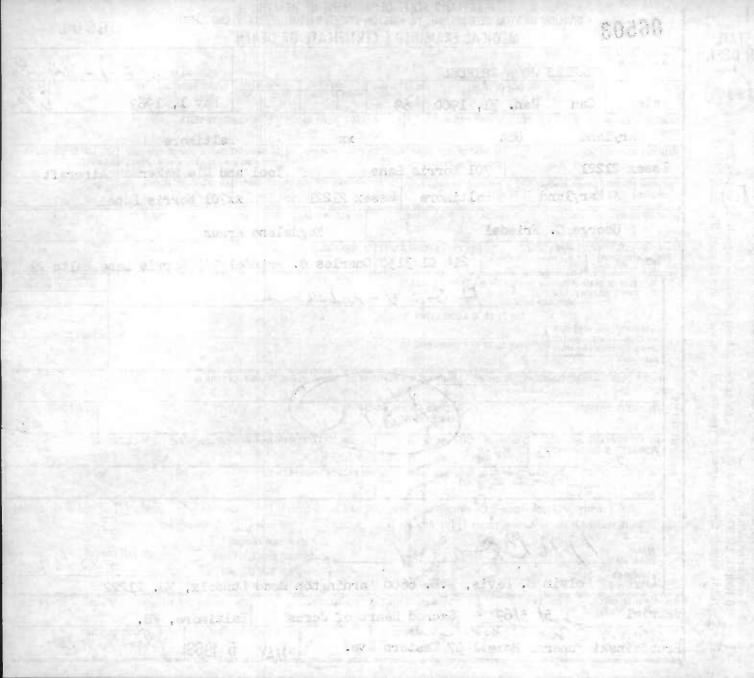
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06501

CHARLES JOHN FRIEDEL SEX 4 RACE JULY OF SHARLED SORIES BIRTH Male Cau Jun, 31, 1900 Marindon JE CITIZEN OF WHAT COUNTRY MARKED JUNORED JE CITIZEN OF WHAT COUNTRY MARKED JE COUNT OF BEATH JE CHIEFE NAME JE CHIEFE JE CHI		THE PICTURE ENGINEERS D	STILLING OF STILL	**						
Maile Cau Jan. 31, 1900 65 Yes Roome on 19 March 1, 1989 Year 10 March 20 M	(Type or Print)	JOHN FRIEDEL		OF ESTI-	1110					
DISTRIBUTED (STORT OF THE PROPERTY OF THE PROP		S. DATE OF BIRTH 6. AGE (In year burtheless	IF UNDER 1 YEAR IF UNDER 24 HR	ZC. DATE I KONOONCED DEAD	2d. HOHR					
DIVORCED Baltimore Md. D. CHY OR TOWN OF DEATH 11. MAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of wirk done) 120. KIND OF BUSINESS OR 120. USUAL OCCUPATION 120. U	Male Cau	an. 31, 1900 69		May 1, 1989	Year 19 P.M					
D. CHY OR TOWN OF GEATH D. SESSEX 21221 SIVENAL SCIENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived, it institutions residence before last offeres) SISSUAL RESIDENCE (Where deceased lived) SISSUAL RESIDENCE (Where d		CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED 9.	COUNTY OF DEATH						
D. CHY OR TOWN OF DEATH ESSEX 21221 SUSUAL RESIDENCE (Where deceased lived, it institutions residence before 13c. CHY OR TOWN D. SUSUAL RESIDENCE (Where deceased lived, it institutions residence before 13c. CHY OR TOWN D. SERVER CONTROLL OF THE STATE MATCH AND NUMBER A FATHER'S MAME First Middle Lost So. WAS DECEASED VER NI U.S. ARMED FORCES? (MARCO or unknown) If you give word defend of serving) To an AND DECEASED VER NI U.S. ARMED FORCES? (MARCO OR DEATH (Enter only one cause per line, for (a), (b), and (d)) PART I. DEATH WAS CAUSED BY MINISTRIAN CONTRIBUTION (CONTRIBUTION OF DEATH BULL HOT FELATED TO THE TENNEMAL DISEASE OR CONDITION GIVEN IN PART I(a) The Late of Decease of the Country of the Coun	(dunity) Maryland	USA	VIDOWED DIVORCED	Baltimore	Md.					
30. USUAR RESIDENCE (Where deceased lived, if institution: Residence belared 13b. COUNTY Balt timore 13b. County Balt ti	10. CITY OR TOWN OF DEATH		TON (If not in haspital 12a. USUAL	OCCUPATION (Kind of work done 1)						
30. USUAR RESIDENCE (Where deceased lived, if institution: Residence belared 13b. COUNTY Balt timore 13b. County Balt ti	Essex 21221	701 Norris Lan	re Tool	and Die Maker						
A FATHER'S NAME George C. Friedel Magdalene Kraus Soa, WAS DECEASED FUR IN J.S. ARMED FORCES? (Mago, or unknown) (It represented the foliation of servine) ADDRESS ADDRESS ADDRESS 10. Magdalene Kraus ADDRESS 11. INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS 12. INFORMANT ADDRESS ADDRESS	13a. USUAL RESIDENCE (Where deceased	lived, if institution: Residence befare 13c. (CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER						
George C. Friedel Magdalene Kraus So. WAS DECEASED FUER NILLS. ARMED FORECS: (1/4) By or unknown) II. CAUSE OF DEATH (Erten ruly one couse per line, for (a), (b), and (3). II. CAUSE OF DEATH (Erten ruly one couse per line, for (a), (b), and (3). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSCOUENCE OF Conditions, if any, which gave inso to immediate couse (a), stating the underlying couse By Constituting the underlying couse (b) By Constituting the underlying the underlying couse (b) By Constituting the underlying the underly	admission) SIAIE Maryland	13b. COUNTYBaltimore Es	sex 21221 YES NO	10x701 Norris Lane	9					
So. WAS DECEASED EVER IN U.S. ARMED FORCES? ("Hyes give word address of service) 16b. SOCIAL SECURITY NO. 214 01 3150 Tharles C. Friedel 703 Norris Lane Belto 21 B. CAUSE OF DEATH (Errier only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MMCDIARE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). Stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF Lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULLIOT RELATED-TO-THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. GRADTION FR. MHICH OPERATION 19c. LAUSE OF DEATH HOUR A.M. 19 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 19 21c. EXTERNAL CAUSE WAS PRIMARY OR CORRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CORRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CORRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CORRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CORRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CORRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CORRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION HOUR A.M. 19 21d. EXTERNAL CAUSE WAS PRIMARY OR			15. MOTHER'S MAIDEN NAME FI	rst Middle	Last					
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The cause of Death (Enter only one cause per line for (a), (b), and (c).										
B. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	(Telegae, dr unknawn) (If yes give word	214 01 3150	Charles C. Fried	lel 703 Norris Lar	ne Balto 21					
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CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (Type) Melvin B. Devis, M.D. 6800 Morning thanks Signature P.M. 19 21f. LOCATION Street ar R.F.D. Na. City ar Tawn Caunty State County State County State County Autopsy CHIEF MEDICAL EXAMINER DEPUTY MEDIC		21b. TIME OF INJURY Month, Day, Year	21c. HOW INJURY OCCURRED (Enter n	ature of injury in Part 1 or Part 2, Iter	m 1B.)					
WHILE NOT WHILE AT WORK AT WOR	CAUSE OF DEATH									
22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner . ACTUAL SIGNATURE	TIG. INSORT OCCOUNTED TIG. I DA	IE OF INJURY (At hame, farm, street,	21f. LOCATION Street ar R.F.D. Na.	City ar Tawn	Caunty State					
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deoth resulted from: Noturol causes , Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE	22a. I certify that I took	charge of the remains described ob	ave, held on Autopsy .	Inspection . Inquiry	and in my opinion					
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EXAMINER'S NAME (Type) Melvin B. Davis, M.D. 6800 Morning tremess research by Democratical Examiner 20 12/69 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 24. FUNDAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGN		Dann			IGNEDY / O					
NAME (Type) Melvin B. Davis, M.D. 6800 Morning transferred in Democratury Md. 21222 230. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 24. FUNDAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE 250. RECO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	EVAMINED'S	*	DEPUTY MEDICAL EX	AMINER D 5	/					
230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Sacred Heart of Jesus Baltimore, Md. 24. FURTAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	NAME (Type) Melvin]	B. Davis, M.D. 6800	Morning tones Woodding	Demdaliky Md. 2122	2					
24. FURTAL DIRECTOR SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	23a. BURIAL, CREMATION, 23b. DA	TE 23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City or Town) (
24. FUNRAL DIRECTOR CHECKER ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	SUM (Specify)	5/69 Sacred Hea	art of Jesus	Baltimore, Md.						
Affizidzinski Funeral Home 1407 Eastern Ave. 5 1969 Charles	24. FUNRAL DIRECTOR DULL	Cheforeke ADDRESS	25a. REC'D BY	REGISTRAR 25b. REGISTRAR'S SI	GNATURE					
UARAAY O IJOO //	Brużdzinski Funera	L Home 1407 Eastern	Ave. DATALY	5 1969 Juliane	as Jung					



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Reges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

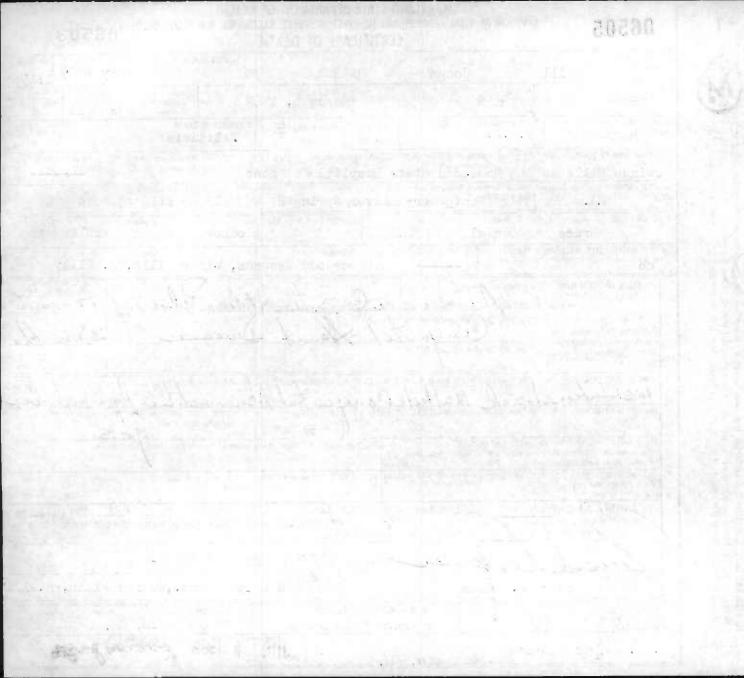
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
06504

CERTIFICATE OF DEATH

U03U4 CERTIFICAT	E OF DEATH 06502
1. PLACE DF DEATH a. COUNTY Baltimore MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write PURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 17 E. Burke Avenue	d. STREET ADDRESS 17 E. Burke Avenue e. IS RESIDENCE DN A FARM? YES \(\subseteq \text{ NOEST} \)
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year DF DEATH May 2 1969
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 71 yrs.
10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Howevife 13. FATHER'S NAME	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland 14. MOTHER'S MAIOEN NAME
Pennington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CALCULATED TO	Posity records Posity records Interval Between onset and Death onset and Death of 12 mgs.
Cenditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TD (b) OUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO URREO. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	t death occurred at 335 PM, from the causes and on the date stated above.
22a. SIGNATURE M.D. M.D.	
22c. PHYSICIAN'S NAME (Type) F. M. DUGAN, M.D.	15 E. Biddle St.
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY REMOVAL (Specify) 5/5/69 22c. NAME OF CEMETERY PROSPECT HILL	L Cemetery Towson Md.
John Burns Sons John Mannes Sons	25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

VR A15 (4)

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				311		
	. "	Towon	ill seretern	Prospect /		
				STATE OF THE STATE	8110 W.	סיח עני



FOR STATE HEALTH DEPT

ny delay is Poge ent of necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with for

This certificate should be executed within 24 hours ofter death

DICAL EXAMINER:

TO DEPUTY

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Health prior to burial, cremation, or removal, and in any event within 72 hours after death. hours ofter deoth. prior to burial, cremation, or removal, and in any event within 72

	06506	DIVISION		ARYLAND STATE I				AND 2120)1				
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	ECEASED-NAME Type or Print)	First G1	EORGE	Middle M .	GARNER	ost		20. DATE KI OF DEATH N	1311-	Month	Doy 3.1	Yeor 19	2b. HOUR
-	lale	4. RACE Negro	5. DATE OF BIR	TH 6. AGE (in last birth 54	years IF UNDER 1 eday) MONTHS YRS.	DAYS HOURS	R 24 HRS.		May	DEAD Doy	31 Yes		2d. HOUR
	BIRTHPLACE (Stote		D. CITIZEN OF WHA	AT COUNTRY? 8.	MARRIED NEV	DIVORCED		NTY OF DEAT	IH				44.1
10. (Catons	DEATH Jille	11. NA give s		TUTION (If not in h	ospital 12a. durin	USUAL OCC g most of	.1to. CUPATION (Ki working life	, even if r	etired.)	INDUSTR	ND OF BUS	
	dmission) STATE	Md.	13b. COUNTY Ba	tion: Residence before 13	Catonsv:	13d. INSIDE (ITY		13e. STREET 213 /			lvin	Ave	
14. F	George	First Garner	Middle	Lost		s maiden name z Abbo			Mide			Los	- 12.8
	WAS DECEASED EV	ER IN U.S. ARMED FO	RCES? or or dates of service)	166. SOCIAL SECURITY NO. 5781261108		Jean ge H.			ADDRESS	208 ame	as	thAv dec	
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MEDICAL CERTIFICATION	190. DATE OF O			19b. CONDITION FOR WHICH WAS PERFORMED?					(0)			O. AUTOPS	_ /
DICAL CER	21o. EXTERNAL OF PRIMARY OF CAUSE OF DEATH	CONTRIBUTING			21c. HOW INJU	JRY OCCURRED (E	nter noture	e of injury in	Port 1 or	Port 2, I			
ME	21d. INJURY OCC WHILE NO		ACE OF INJURY (A	tt home, form, street, g, etc.)	21f. LOCATION	Street or R.F.D. No	0.	City or	Town		Count	y	Stote
		Sulted from:	Notural cous	er emoins described es XX Accident [ilson, M.D.		Autopsy,	de, L EXAMINEI DICAL EXAM AL EXAMIN	R MINER NER MER	mined n	nanner 225. DATI	SIGNED	nd in m	ny opinion

VR A15ME (5)

24 FUNERAL DIRECTOR Dyett, F. Morton &

BURIAL, CREMATION

REMOVAL (Specify)

23b. DATE

6-5-69

Balto., Md.

23c. NAME OF CEMETERY OR CREMATORY

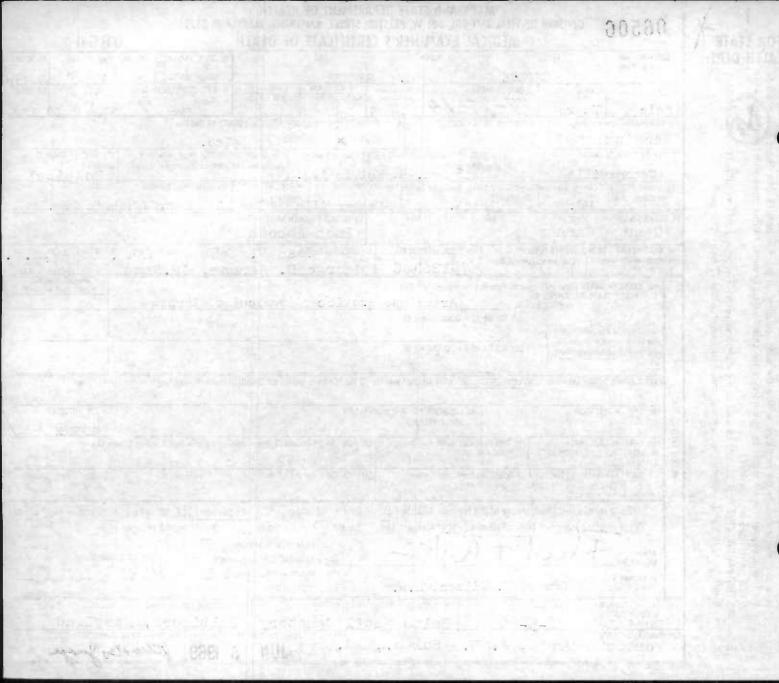
Cemetery 2So. REC'D BY REGISTRAR 1969

23d. LOCATION (City or Town)

REGISTRAR'S SIGNATURE

(County)

(Stote)



06507

DIVISION

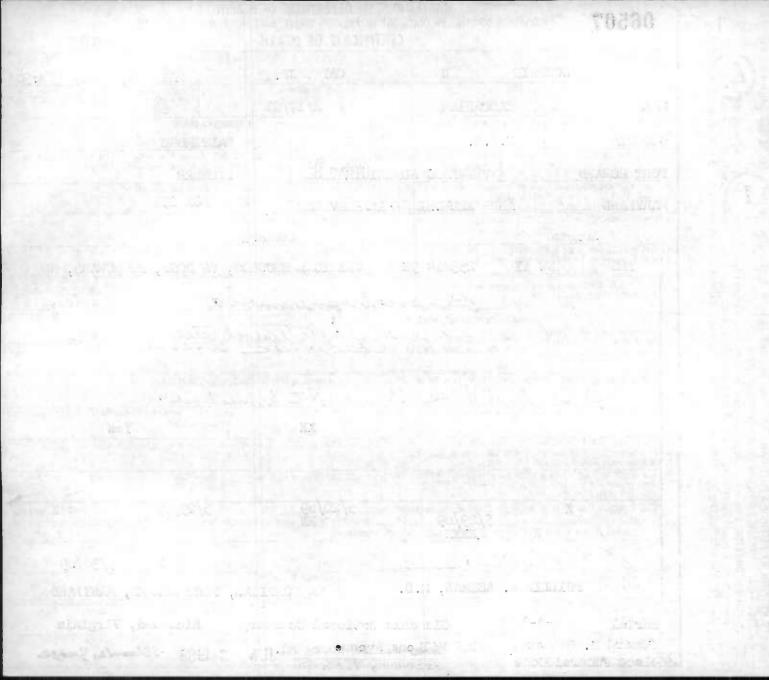
MADVIAND STATE DEPARTMENT OF HEALTH

	MARILAND STATE DEPARTMENT OF REALTH	
)F	VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	2120
	CERTIFICATE OF DEATH	

		C	ERTIFICATE OF DEA	ATH	0	6505	
1. DECEASED-NAME	First	Middle	Last	2o. DATE OF DEAT	Н		2b. HOUR
(Type ar print)	JOHNNIE	H	GAY , JR		Month AY 29.	1969	8:50
s. SEX	4. RACE		5. DATE OF BIRTH			IF UNDER † YEAR	IF UNDER 24 HRS.
MALE		AUCASIAN	1/17/	01	t birthday) A	AGNTHS DAYS	HOURS MIN
a. BIRTHPLACE (Stote a	r fareign 7b. CITIZE	N OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEAT	Н	- 1-11	
GEORGIA	U	.S.A.	WIDOWED X DIVORCED		DRE		М
O. CITY OR TOWN OF D	EATH	11. NAME OF HOSPITAL OR INST	ITUTION (If not in hospital 12	20. USUAL OCCUPATION (Kind	of work done	12b. KIND OF	BUSINESS OR
FORT HOWAL		VETERANS ADM	INISTRATION "	uring mast of working life, e	Ren if retired.)	INDUSTRY	
130. USUAL RESIDENCE (1 admission) STATE MARY LAND	Where deceosed lived, if		13c. CITY OR TOWN 13d. INS	NO X BOX			
14. FATHER'S NAME	First N	Niddle Last	IS. MOTHER'S MAIDEN	NAME First	Middle		Last
	nknown			known			
160. WAS DECEASED EVE Yes, no, or unknown)	R IN U.S. ARMED FORCES I flif yes give war or dates of si	apusal			Address		
YES	(If yes give war or dates of se	253 14 928	31 CLINICAL R	ECORDS, VA HO	SP, FT H		
	ATH (Enter anly ane cous	e per line for (o), (b), ond (c).)	A				MATE INTERVAL NSET AND DEATH
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Canditians, if ony,	which gave	(b) Denec	elzed all	noscoule	0	Y20	
stoting the under		O, OR AS A CONSEQUENCE OF	Caracon	se due		/	
last.	,	(c)					
19	Cerebi	INTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN P	ART I(o)		
19a. DATE OF OPERA		FOR WHICH OPERATION WAS PERI	YES KOK	NO CAUSES OF D	16	S	RTIFYING
		TIME OF INJURY R A.M. Month Doy Yeor	21c. HOW INJURY OCCURRED	(Enter noture of injury in F	ort 1 or Port 2, Ite	m 18.)	
(If either, natify m	edical exominer)	P.M. 19					
₹ 21d. INJURY OCCU! While Not whi at work ot wor	RRED 21e. PLACE OF I	NJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY,) 21f. LOCATION Street ar R	.F.D. Na. City ar To	wn	County	Stote
sow the c	deceased alive on_	al) ottended the deceased 5/29/69 19 (did XXXXXX view the b	d fram 5/20/69 , and thot in (XXX) (a ody after death.	, 19, ta_ _5/2 9 ur) apinion death occur	1/69, 19 red on the date	, that e ond hour o	(X(we) las
22b. SIGNATURE	2110		ATTENDING r	MED — STA	rr l	TE SIGNED	************
0	7 Cist	-	DEGREE PHYS.	DIRECTOR D STAI	S. X	5/30/69	9
22d. PHYSICIAN'S NAME (Type)	PHILLIP M	. ASHMAN, M.D.	VA HO	SPITAL, FORT	HOWARD,	MARYLA	ND
230. BURIAL, CREMATION	23b. DATE 6-4-196		METERY OR CREMATORY le National Cem	23d. LOCATION (Cit	y ar Iawn) chmond, V	(Caunty) /irgini	(Stote)
	Hubbard,	4107 Wilken	s Avenue Rd	JUN 3 1969	Sb. REGISTRAR'S SI	GNATURE SALE	uge.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept. Page 4 may be retained by the hospital or attending physicion.

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and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers, Pages, and 2 should be filed with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. by the funeral Page 4 may be retained by the haspital ar attending physician.

06508

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

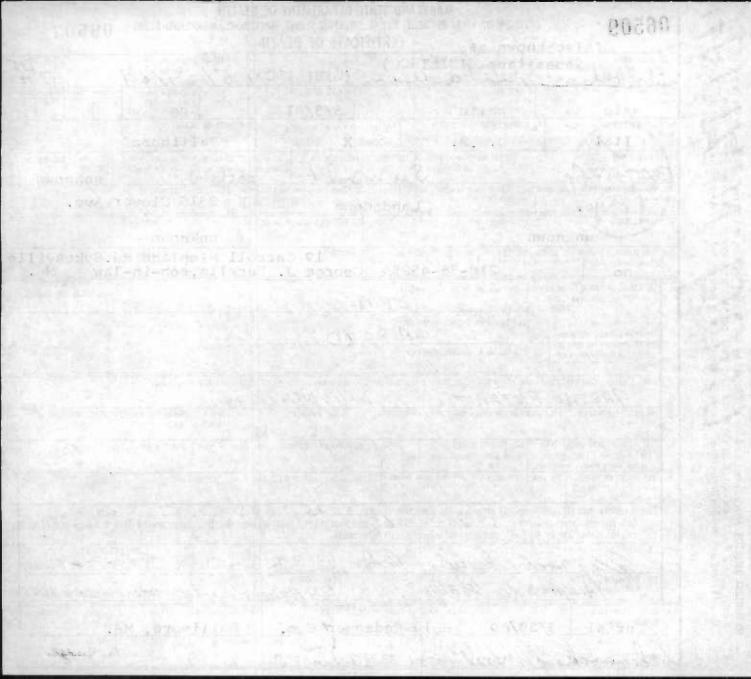
00303	CERTIFICA	ATE OF DEATH		06506	
1. DECEASED-NAME (Type or print)	Middle	Last 20.	. DATE OF DEATH Month Dov		2b. HOUR
Leorge	C. 3.	erst	Month Doy	9/69	M
3. SEX	0.1	DATE OF BIRTH	6. AGE (In years lost brithday)		UNDER 24 HRS.
male w	hite	11/19/188	3 85 YRS.	MONTHS BATTS	Min.
70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF V	HIARNIEU	I NEVEK MAKKIEU	UNTY OF DEATH		
"That. US	WIDOWED		Deltamo		Md
Perris Isle Ind.	NAME OF HOSPITAL OR INSTITUTION (It por street address)	during most of	CUPATION (Kind af wark dane working life, even if retired.)	12b. KIND OF BU INDUSTRY A	ww
130. USUM RESIDENCE (Where deceased lived, if instituted odmission) STATE 13b. COUNTY	Setto. Buy &	OWN 13d. INSIDE CITY LIMITS? YES NO \	13e. STREET AND NUMBER	Line	
14. FATHER'S NAME First Middle	Lost IS.	MOTHER'S MAIDEN NAME First	Middle	1	Last
Seter X	erst			Du	tt
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 17. INI 226-14-8010 5	mary Til	the Rewstern	A Lon	e_
18. CAUSE OF DEATH (Enter only one couse per	line for (a), (b) and (c).)	1. ()- ()	1	APPROXIMAT BETWEEN ONSE	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Trug oca	idiatinfo	nclion	Comme	dente
	AS A CONSEQUENCE, OF	7	1		
Canditions, if only, which gave (b).	er les coscle	ulic Course	u disease	2	
stating the underlying cause DUE TO, OR	AS A CONSEQUENCE OF		(
(c)					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDIT	HON GIVEN IN PART 1(a)		
196. DATE OF OPERATION 196. CONDITION FOR W	/HICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES. WERE FINDINGS CO	ONSIDERED IN CERT	TIEVING
STIFICA		YES NO	CAUSES OF DEATH?		1171110
	OF INJURY 21c. HOV	V INJURY OCCURRED (Enter natu	re of injury in Part 1 or Part 2,	tem 18.)	
(If either, natify medical examiner) P.M	. 19				
While Nat while at wark	(AT HOME, FARM, STREET, FACTORY.) 21f. LOC. OFFICE BUILDING, ETC.		City or Town	County	State
22a. I certify that (I) (this haspital) at saw the deceased after an 21	tended the deceased from	oc , 19 62	to May 28, 19.	62, that (1	l) (wo) l ast
causes started above, (1) (we) (did	(did nat) view the bady after de	that in (my) (aur) apinian eath.	death accurred an the da	te and haur an	id fram the
22b. SIGNATORE .	01	. 1	220.	DATE SIGNED	1
(X alus XIm	DEGREE	ATTENDING MED. DIRECTO	OR PHYS.	128/0	59
22d PHYSICIAN'S NAME (Type) LO UIS	EMETVOFF	2/08 Oren	no Rel Balto	Md 21	220
23g. BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR C	REMATORY 23d	LOCATION (City or Town)	(County)	(State)
SREMOVAL (Specify) 5/31/6	9 St. Josep	Len.	Dalto.	na	4
24. FUNERAL DIRECTOR	111, ADDRESS 401 Se	leis 250. REC'D BY REG	GISTRAR 2Sb. REGISTRAR'S	SIGNATURE	3/15/2
MARROLA) TURILL	14+m1 1010.	MAR DATEM 9	1000 1777 amal	a Ondate	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06510 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH and 2 death. requires that the death certificate be executed within 24 haurs after death uneral (Type or print) Clara Sonia Gibson 3 SFX S. DATE OF BIRTH 6. AGE (In years lost birthdoy) Female Caucasian 1901 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH Europe U.S.A. Baltimore County WIDOWED | DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done campletely fi during most of working life even if retired.) Randallstown Gen. Hosp. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NOX remove YES Mapl physician and c 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle lost Ellis Iskow 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. B. GIBSON, 2204 MAPLE (If yes give war or dates at service) Yes, no, or unknown) 216-09-5259 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? far use YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while of work couses stoted abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) County Stote 220. I certify that (I) (this haspital) attended the deceased from 7 - 4 , 19 67, to 3 - 4 , 19 67, that (I) (we) last saw the deceased olive on 3 - 4 , 19 67, to 3 - 4 , 19 **ATTENDING** PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) BALTIMORE, MARYLAND LAKEVIEW MEMORIAL GARDENS 5-6-69 & BROS., 6010 REISTERSTOWN ROAD 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Marilas Indas

06508

IF UNDER 1 YEAR

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12b. KIND OF BUSINESS OR

AT HOME

2b. HOUR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06509

				ICHIL OF	PERMI				
1. DECEASED-NAME (Type ar print)	First MARY	Middle D		lost GLAZE		2a. DATE May	OF DEATH Manth 18.	Day 196 gar	2b. HOUR
3. SEX	4. RACE			5. DATE OF	BIRTH				IF UNCER 24 HRS.
Female	Wh	ite		Jan.	25, 1	893	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.
7a. BIRTHPLACE (State ar farei			8. MAPRI	ED NEVER MA	APPIED 🗆	9. COUNTY			
Maryland	U.S.	A	WIDOW		ORCED	Ra I	timore		Md
10. CITY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR INS	TITUTION	If nat in haspital	12a. US		ON (Kind of work dar	ne 12b, KIND O	F BUSINESS OR
Arbutus	give	street address) 171 Linden	Ave	nue	during	mast of worki	ng life, even if retired B	I.) INDUSTRY	
13a. USUAL RESIDENCE (Where	1 1 1 1 10 1 10 1			OR TOWN	13d. INSIDE CITY		STREET AND NUMBER		
admission) STATE Mary la	nd 13b. COUNTY	Baltimore	Ar	butus	YES [NO - 1:	l71 Linden	Avenue	21227
14. FATHER'S NAME First	Middle	Last	1	IS. MOTHER'S	MAIDEN NAME		Middle		Last
Jacob	Tweedale				Lucind	a Albr:	ittan		
16a. WAS DECEASED EVER IN U		16b. SOCIAL SECURITY N	VO. 1	7. INFORMANT			Address		
Yes, na, ar unknawn) (H	res give war ar dates al service)	None		Mrs. Ca:	rma Ye	ager,	1171 Linde	n Avenue	21227
18. CAUSE OF DEATH (E	nter anly ane cause per li	ne far (a), (b), and (c).)			1			XIMATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	37/20	1	-	~ (}	2re	cinon	a 6	2100
1830		S A CONSEQUENCE OF				A			
Canditians, if any, which	gave)	3	7		2 2 1	(C			Tas
rise to immediate caus stating the underlying	(u).(AS A CONSEQUENCE OF						2	mos
last.	(c)								()
PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMIN	AL DISEASE O	R CONDITION G	VEN IN PART 1(a)		
× ×									
19a. DATE OF OPERATION 19a. ACCIDENT WAS UND 21d. ACCIDENT WAS UND	19b. CONDITION FOR WH	ICH OPERATION WAS PER	RFORMED	20a. AU1			IF YES, WERE FINDING	S CONSIDERED IN	CERTIFYING
E C 12 23/69	Exper	e terept	cofse	TO CAR!	NO E	CAU	SES OF DEATH?		
	E TOT THILL OF		210	HOW INJURY O	CCURRED (En	ter nature af i	njury in Part 1 ar Part	2, Item 18.)	
OR CONTRIBUTING CAUSE (If either, natify medical		Manth Day Year							
ZIG. INJUKT ULLUKKED	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f	LOCATION Str	eet ar R.F.D. N	Va. C	ity ar Tawn	Caunty	State
While Nat while at wark		COLLEGE BORDING, ELE		,					
22a. I certify that (l) (this haspital) otto	ended the decease	d from	x plan	, 19	69, ta_	Mirry,	19 / S/Aha	t ((we) last
saw the decea	sed olive on did	12718 1	96.9	and that in	ny) (our) o	pinion deot	h occurred on the	date and hour	ond from the
22b. SIGNATURE	pove ((1)) (we) (aid)	(ala not) view the t	oady all	er deoin		,	1 24	1. DATE CICNED	
MA	Mariano	0-	A D	EGREE PHYS.	ING D	MED. DIRECTOR	STAFF	2c. DATE SIGNED	120
22d. PHYSICIAN'S	The state of the s	Carry		22e. AD		DIRECTOR L	PHYS.	2/-/	
NAME (Type)	Dr. Bruce	Brumbaugh				n Stree	t, Edkrid	ge, Mary	land
23a. BURIAL, CREMATION,	23b. DATE	23c. NAME OF (EMETERY	OR CREMATORY		23d. LOCA	TION (City or Town)	(Caunty)	(State)
BURIAL (Specify)	5-21-1969	1		Cemete	rv		nie Hwy.,	, ,,	
24 FUNERAL DIRECTOR		ADDRESS	****	Come C.		BY REGISTRAR			0., 114.
Howard H. Hu	bbard, 4107	Wilkens A	ve.	21229	DATE MA	Y 2 2	1969 110	sorles Ju	del.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1, and should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deat

Page 4 may be retained by the haspital ar attending physician.

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eren, Miriko, briotek	3 10	38050 mg	05 78 .7
Marie Carlo			

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06510

1. DECEASED-NAME	First		Middle		Last	2a. DATE OF DEAT			2b. HOUR A
(Type or print)	Matil	da Eli	zabeth	Gle	itsmann	May 9.	Manth 69 Doy	Yeor	5. 53 M
3. SEX		4. RACE White	•		Aug. 19, 19		GE (In years st. buthday) 52 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State country)	e or foreign	U.S.A.	OUNTRY?	8. MARRIED WIDOWED	DIVORCED _	9. COUNTY OF DEAT Baltin	nore		Md
10. CITY OR TOWN O	um	give street	of HOSPITAL OR INS	ng Lal	t in haspital 12a. USUA CE Drive	L OCCUPATION (Kind of Working life and HOUSEWII	d of work done even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
admission) STATE	and	lived, if institution: 13b. COUNTY BELTI	Residence before	13c. CITY OR Timor	TOWN 13d. INSIDE CITY LI 11 UM YES NO	又 2446	AND NUMBER Sprin	g Lake	Drive
14. FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MAIDEN NAME F		Middle		Last
160. WAS DECEASED Yes, no, or unknow	G.A. D EVER IN U.S. ARME wn) (If yes give wor		SOCIAL SECURITY N		FORMANT Carl O. (eth Hage	Digital's	Sprin	g Lake
1B. CAUSE OF PART 1. D	EATH WAS CAUSED	one couse per line fo BY: E CAUSE (a)	r (a), (b), ond (c).		t failure			APPROXI	MATE INTERVAL INSET AND DEATH
	iny, which gave)	(0)	Carcinoma	atosis				6 mo	nths
stating the un last.	derlying cause	DUE TO, OR AS A		of th	ne breast			4 ye	ars
190. DATE OF OF	PERATION 19b. Co	ONDITION FOR WHICH C		RFORMED	200. AUTOPSY? YES NO	20b. IF YES, CAUSES OF I	WERE FINDINGS () DEATH?		ERTIFYING
☐ OR CONTRIBUTION (If either, notif	WAS UNDERLYING NG CAUSE OF DEATH y medical examine	HOUR A.M. M.	onth Day Year 19		W INJURY OCCURRED (Enter		Part 1 or Part 2,	Item IB.)	
While Not	wark			200	CATION Street or R.F.D. No.			County	Stote
saw th	e deceased ali	haspital) attende ve an <u>May</u> (I) (we)(did) (did	7 3	9_09, and	May , 19 6 that in (my) (aur) opi eath.	nion deoth occur	rred on the da	69, that te and hour	(I) (we) las and from the
22b. SIGNATURE	Vone	o ben	woo	2 ZOHOKI	E PHYS. D	IED. STA	AFF D -	DATE SIGNED 9 - 69	
22d. PHYSICIAN NAME (Typ	DONALD	O. WOOD,	M.D.		22e. ADDRESS York Road	and Green	meadow	Drive	
23a. BURIAL, CREMA	<u>n</u> y)				ck Cemetery		more Ma		(State)
24. FUNERAL DIRECT		& Sons I	nc. Ba]	Ltimor	e MD. MAY 1		25b. REGISTRAR'S		6

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capabletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. executed within 24 haurs after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.

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6513	DIVISION		TIFICATE OF DEATI	
SED-NAME or print)	First Onl	Middle +	Last MI L	2o. DATE OF DEATH Month
ar.	111. 451	m Carlins	- Much	

1.		CEASED-NAME	First		Middle		Last	20	DATE OF DEATH			2b. HOUR		
	(1)	ype ar print)	M.	John	Carlin	1 /	Muck		Month	Day	Yeor 9	10 3 M		
3.	SEX	X	4.	BACE	1 +	S.	DATE OF BIRTH		6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.		
		Tende	`	727	rile		1-4-188	5	last birtho	yrs. M	ONTHS DAYS	HOURS MIN		
70	o. B	IRTHPLACE (Stote or foreign	n 7b. (ITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED		OUNTY OF DEATH					
0	oup	enn.	7	1.5 K	7.	WIDOWED	DIVORCED	-	13217i	ma	10	Md.		
10). (I	ITY OR TOWN OF DEATH			E OF HOSPITAL OR INST	ITUTION (If not i			CUPATION (Kind of we		12b. KIND OF			
3	2	Hon De	m-	give stre	et address)	a St	on aim durin	ig most of	working life, even if		INDUSTRY			
		USUAL RESIDENCE (Where	deceosed liv	ed, if institution	Residence befare	13c. CITY OR TO	OWN 13d. INSIDE	CITY LIMITS?	13e. STREET AND NU	MBER	01			
5	urrais	ssion) STATE MG	7 - 1	Bb. COHNTY 17	imore	Glon	arm YES	ио 🔀	Glan a	in	, K4			
12	4. F	ATHER'S NAME First	1	Middle	ap/ Last	15. A	NOTHER'S MAIDEN NA	ME First	4	Middle		Lost		
	,	Cr	raile	4	Just		esoph	ins	2 Tre	11	2			
1	60. Ye		.S. ARMED FI res give wor or do		SO. SOCIAL SECURITY NO	. 1 9	RMANT V	411	PI	Address	1			
-	-	710		- 0	05-40-33	or I V	. M. Ka	440	en hil		APPROXIA	MATE INTERVAL		
1		18. CAUSE OF DEATH (E	rter only and	cause per line	far (o), (b), and (c).)	i 11.	161	-	la lancia			NSET AND DEATH		
1	1	IMMEDIATE CAUSE (a) LONGESTIVE HEART TATIONECE TOEPHOTS.S												
	1	Conditions, if only, which gove) (b) Kimmelsteil Wilson Disease												
		Tipe to thimediate consecuti												
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF												
	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)												
Т		TAKE 2. WHICK SIGNIFICANT CONDITIONS CONTRIBUTION TO THAT RESIDENCE TO THE TERMINAL DISEASE OF CONDITION OFFER IN TAKE 1(0)												
	N N	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS									NSIDERED IN CE	RTIFYING		
	CERTIFICATION	YES NO FOR CAUSES OF DEATH?									MODERED IN CERTIFINO			
		21a. ACCIDENT WAS UND	ERLYING	21b. TIME OF II	NJURY	21c. HOW		(Enter notu	ure of injury in Port 1	ar Port 2, Ite	m (8.)			
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19												
	WE	214 INHIPLY OCCUPATED ACT OF INHIPLY AT HOME FARM STREET FACTORY 1 214 LOCATION CARRAGE OF D.E.D. No.												
		at wark at wark												
L		22a. I certify that (I) (this haspital) attended the deceased from October 20, 1966, to March 20, 1969, that (I) (we) last												
		saw the deceased alive an												
	-	22b. SIGNATURE 22c. DATE SIGNED												
1				Meury	SmcCork EORKLE	& DEGREE	ATTENDING PHYS.	MED. DIRECT	OR STAFF PHYS.	3.5	-19.69			
		22d. PHYSICIAN'S		, 0			22e. ADDRESS		n i					
L	1,	NAME (Type)	ENRY.	6. Me	EORKLE	MD	Pho	enix	Marylan	19 2	21131			
2	3a.	BURIAL, CREMATION,	23b. DATE		23c. NAME OF C			230	d. LOCATION (City or To	gwn)	(County)	(Stote)		
1	30	REMOVAL (Specify)	5-26	-69	SISTERS	CEMETE		G	LENARM	DAL7	TABRE 1	11D.		
2		FUNERAL DIRECTOR	2001	817 SCA	RE ADDRESS	22.		C'D BY REC	A 1000 I	GISTRAR'S SI	IGNATURE			
1 /	SA	YMONDUCURK	Hr -	NOUSON	mn 2	204	DATE	416	2 1969 8		-07-0	1		

er Land 2 TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 haurs after death. deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and sampletely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. Page 4 may be retained by the hospital or attending physician.

30M REV. 1768

C. C.

APPARE OF BEATH

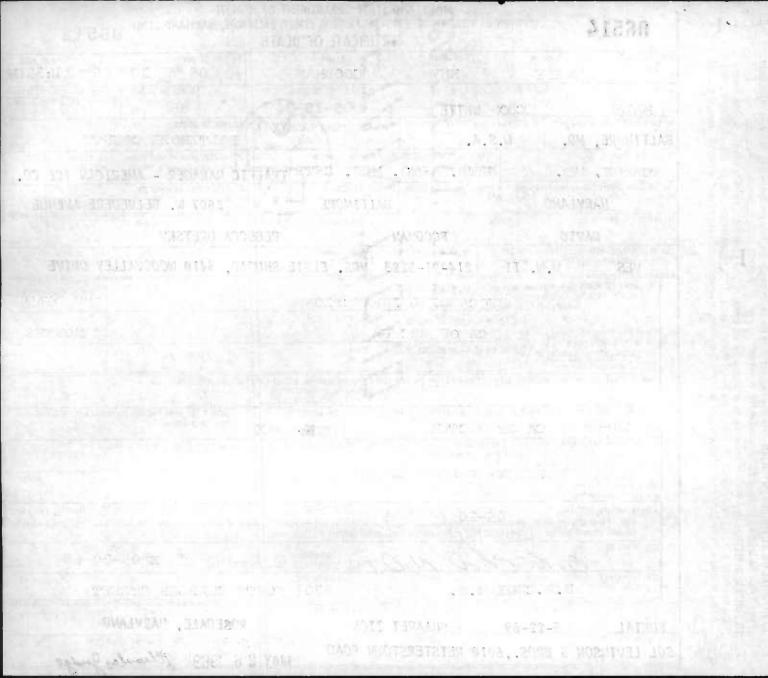
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06513

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

					4011111								
1. DECEASED (Type or		First leorge	Э	Middle S •		Goudy		2a.	DATE OF DEATH Manth May	Pay i	Y969	2b. HOUR	
3. SEX Ma	le.		4. RACE Whi	te		S. DATE OF March	24 , 1	.916	6. AGE (In years last birthday)	IF UNDER MONTHS		IF UNDER 24 HRS. HOURS MIN.	
o. BIRTHPL	ACE (State or fore ryland	ign 7	U.	WHAT COUNTRY?	WIDOW	لسا	ORCED	9. COU	NTY OF DEATH Baltimore			Me	
io. city or Edge	TOWN OF DEATH			NAME OF HOSPITAL OR IN ye street address). 7326 GOLS A	istitution (venue				PATION (Kind of work do vorking life, even if retired ng Clerk-Arc		KIND OF BI	usiness or ing Co.	
13a. USUAL odmissian)	RESIDENCE (Where STATE aryland	deceosed	lived, if insti	lution: Residence before		or town emere	13d. INSIDE CITY YES I	LIMITS?	13e. STREET AND NUMBER 7326 Geis A				
14. FATHER'	S NAME First	ley	Middle A.			IS. MOTHER'S /	J	esse			Bro		
Yes, no,	DECEASED EVER IN or unknown)	U.S. ARMED	FORCES? or dates of service)	16b. SOCIAL SECURITY 216-01-38		7. INFORMANT Irs. Dor	(Wife)		Address	Edgen		, Md.	
Candi rise to statin last.	rions, if ony, which immediate cauge the underlying	h gave se (a),	BY: CAUSE (a) DUE TO, O (b) DUE TO, O	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	ine	TO THE TERMIN	al disease or	e (ON GIVEN IN PART I(a)	8	LETWEEN ONS	ATE INTERVAL SET AND DEATH LYD-	
19a. D.	ATE OF OPERATION	19b. CO	NDITION FOR	WHICH OPERATION WAS P	CH OPERATION WAS PERFORMED			20a. AUTOPSY? YES NO X 20b. IF YES, WERE FINI CAUSES OF DEATH?			DINGS CONSIDERED IN CERTIFYING		
(If eili 21d. While at wor	ACCIDENT WAS UN CONTRIBUTING CAU her, notify medica INJURY OCCURRED TO Not while Cau k of work	SE OF DEATH l examiner 21e. PL	HOUR A.I P.I ACE OF INJUR	Y (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	19 ACTORY,) 21f	. LOCATION Str	eet or R.F.O. N	10.	of injury in Part 1 or Part City or Town	2, Item 18.) Count		State	
226.5	22a. I certify that (I) (this haspital) attended the deceased fram											nd fram the	
230. BURIA	L, CREMATION, VAL (Specify)	23b. DA 5/1	TE 4/69			or CREMATORY Cemetery			location (City or Town) Preston Co.	West	Virg	(State)	
John	J. Duda	792	2 Wise	Ave. Dunda		۱d.	2Sa. REC'D			AR'S SIGNATU		ie.	

1969

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician applicably filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please (emaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 12 hours after death. VR A15 (4) 30M REV, 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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Antonia dani d					In the same

Mitchell Wiedefeld Home 6500 York Rd.

VR ATS

REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

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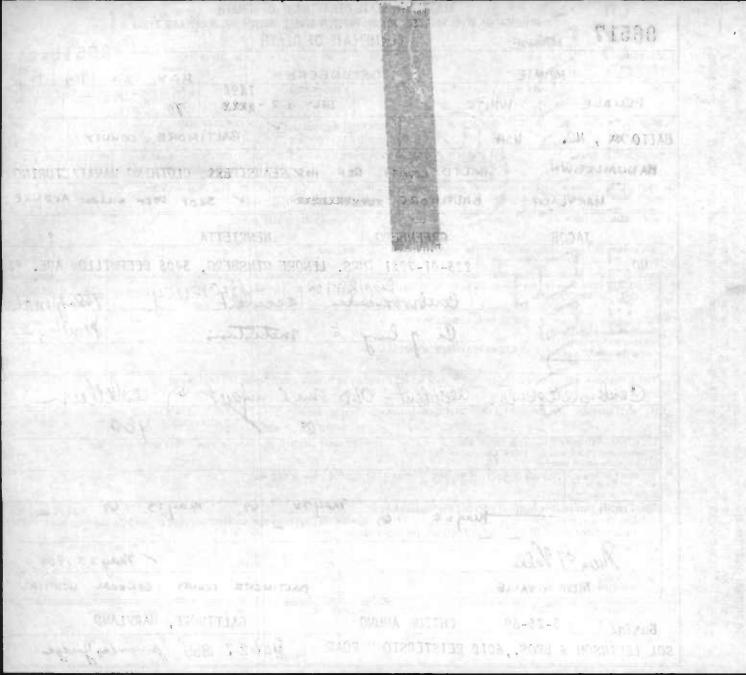
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be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs a

VR A15

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

06518

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06516

	SED-NAME ar print)	First JOHN	1	Middle JOSEPH	GF	Lost		2a. DATE	OF DEATH MARTH	Pay	1969	2b. HOUR
3. SEX	MALE	0014	4. RACE WHJ			S. DATE OF I	BIRTH	907	6. AGE (In year lost birthday)	irs	IF UNDER 1 YEAR MONTHS OAYS	IE UNDER 24 HRS
conutary)	IPLACE (State or I	CA	7b. CITIZEN OF WHAT	COUNTRY?	WIDOW	D NEVER MA	RRIED	9. COUNTY	OF DEATH BALTIMORE	i Ko		Mc
	SON 212		give stre	E OF HOSPITAL OR IN: pet address) JOS FPH	STITUTION (TAT,			ON (Kind of work		12b. KIND C	of Business OR el Corp
admission	AL RESIDENCE (WI STATE OVT. AND D	nere decease	d lived, if institution 13b. COUNTY	: Residence befare	13c. CITY		13d. INSIDE CITY I		STREET AND NUMBER	BER AV	TENUE,	21213
	R'S NAME F	eorg	Middle	Greoski		1S. MOTHER'S A	AAIDEN NAME	First	Machins!	ki		Last
16a. WAS Yes, no	DECEASED EVER a, ar unknawn)	IN U.S. ARMI (If yes give wa	D FORCES?	66. SOCIAL SECURITY	NO. 11	Margar	et (n	ee S1	Add		ife,	above
Con	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) Metastatic carcinoma of the colon DUE TO, OR AS A CONSEQUENCE OF											
PAR	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
CERTIFICATION 18a's	DATE OF OPERATION	ON 19b. C	ONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUT	CALICEC OF DEATHS			NDINGS CONSIDERED IN CERTIFYING		
DICAL DICAL	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street ar R.F.D. Na. City ar Town Caunty Caun										State	
at w	ark at wark								ity ar Tawn		Caunty	
220	22a. I certify that (1) (this haspital) ottended the deceased from March 29, 1969, to May 3, 1969, that (3) (we) last sow the deceased olive on May 3, 1969, and that in (779) (our) opinion death occurred on the date and have and from the causes stated above, (3) (we) (36) (did not) view the body after death.											
22b.	226. SIGNATURE LICERS WELL STAFF DIRECTOR DIRECT											
22d.	PHYSICIAN'S NAME (Type)	Lucas	Vidhyaph	m/M.D.		762		Road,	Towson	4. N	M.	
23a. BUR	CIAL, CREMATION,	23b. D.	ATE /7/69	23c. NAME OF Holy		or crematory		Ba	TION (City or Town	, Me		(State)
24. FUNE	RAL DIRECTOR	F	ner and Has	ADDRESS	-	land La	25a. REC'D	Y REGISTRAR	1969 ^{25b.} REGIS	RAR'S SI	IGNATURE	dge :

DE LOS DE LA LANCIONE DE LA CONTRACTOR D

Poge 4 may be retained by the hospital or ottending physician.

06519

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06517 CERTIFICATE OF DEATH

	ECEASED-NAME Type or print)	Firs Anna	1	Middle Bertha		Lost Grill		20. DATE OF	DEATH Month	Doy	1969	2b. HOUR P
3. 5	Female		4. RACE	ite		S. DATE OF E	5-14-9	90	6. AGE (In years last bighday)		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
70. cou	BIRTHPLACE (Stote ntry) Baltin	or foreign	7b. CITIZEN OF WH		8. MARRIED WIDOWED	NEVER MA	RRIEO	9. COUNTY OF Bal	DEATH timore			Md
I	Baltimore		give s	ME OF HOSPITAL OR IN treet oddress) L. Joseph	Hospi	tal	during mo		(Kind of work do life, even if retire		12b. KIND OF E INDUSTRY	BUSINESS OR
13o. odm	ission) STATE	(Where deced	sed lived, if instituti	on: Residence before	13c. CITY O	imore	YES NO	100.011	Ol Echod	ale	Avenu	e #2121
		First Conra		lost Mer:	Z		NAIDEN NAME FI	rgaret	Middle		?	Lost
160. Y	es, no, prugknown	(If yes give	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY 213-05-17		INFORMANT Daug	hter- I	Leona J	Address		e as p	atient
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN							I IN PART 1(o)				
CERTIFICATION	190. DATE OF OPER		370	Multir CH OPERATION WAS PE	ole My	aloma 20o. AUT	OPSY?	20b. IF	YES, WERE FINDING OF DEATH?	S CON	SIDERED IN CEI	RTIFYING
MEDICAL CERTI	210. Hall of Hook! Occorded Tellier Holde of Hillory III foll 1 of foll 2, Hells 10.1										(ve) last and fram the	
	22d. PHYSICIAN'S NAME (Type)	Dr.	L. Cillia				ORESS O York		lowson,	Mar	yland a	21204
	BURIAL, CREMATION REMOVAL (Specify) BUT 12. FUNERAL DIRECTOR		DATE 5/8/69.	23c. NAME OF HOLY ADDRESS	Rede		Cemete:	ry	N (City or Town) Baltin	nor		(Stote)
24.	_	-	Ruck Tr	Relt			MAY	REGISTRAR 8 1965	3 25b. REGISTRA	W. S. SIC	3 VALUE	Ra

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ADDRESS

John J. Duda, 7922 Wise Ave. Dundalk, Md.

25g. REC'D BY REGISTRAR

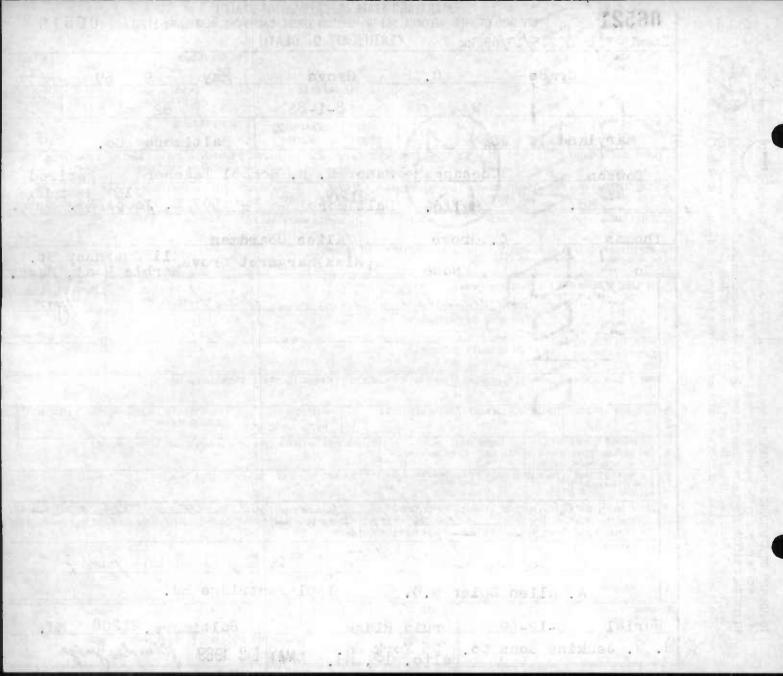
2Sb. REGISTRAR'S SIGNATURE

Michaeles Judges

24. FUNERAL DIRECTOR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remayerarbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

30M REV. 16

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

06522

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06520

1717014	~		CERTIFICA	TE OF DEAT	H		000	, ~ 0
DECEASED-NAME (Type or print)	First Theresa	Middle A .	Haber	lost korn	20. [DATE OF DEATH Month 5	Doy 13 Yeor	69 5: 20
3. SEX Female	4. RACE	White	S.	DATE OF BIRTH 3/27/\$289	97	6. AGE (In years lest birthday)	IF UNDER 1 YEAR MONTHS DAYS (RS.	1F UNDER 24 HRS. HOURS MIN.
7o. BIRTHPLACE (Stote country) Baltin	3.	of WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED NEVER MARRIED NEVER MARRIED		NTY OF DEATH	untv	M
10. CITY OR TOWN OF C	DEATH	11. NAME OF HOSPITAL OR IN give street address) Stella Mari	ISTITUTION (If not in	hospitol 12a. durii	USUAL OCCU	PATION (Kind of work do vorking life, even if retire maker	ne 12b. KIND OF	F BUSINESS OR
odmission) STATE	Mile and American Albert A of the	nstitution: Residence before	13c. CITY OR TO Baltin	WN 13d. INSIDE	2 /	13e. STREET AND NUMBER		
14. FATHER'S NAME	First Mid	dle Lost	15. M	OTHER'S MAIDEN NA		Middle	•	Lost
	ER IN U.S. ARMED FORCES? (If yes give war or dates of servi	Haberkorn 16b. SOCIAL SECURITY		RMANT	resa is Hos	Addres		
	e couse (o), DUE TO, (c) GNIFICANT CONDITIONS CON		luts OT RELATED TO THE	HE TERMINAL DISEASE 20 200. AUTOPSY?		ON GIVEN IN PART 1(0) Do lif yes, were findin causes of death?	GS CONSIDERED IN (CERTIFYING
OR CONTRIBUTING	nedicol exominer)	P.M.	9	INJURY OCCURRED		of injury in Port 1 or Por	t 2, Item 18.)	Stote
While Not who of work 22a. I certify saw the causes st	1110	URY (AT HOME, FARM, STREET, FI OFFICE BUILDING, ETC. attended the decease (did) (did nat) view the	and fram		10	ta, leath accurred an the	19, tha e date and haur	t (1) (wo) las
22b. SIGNATURE	Elec	Elbins.	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	C STAFF C	22c. DATE SIGNED 5/1	3/69
22d. PHYSICIAN'S NAME (Type)	E. Lee Ro	bbins		22e. ADDRESS 81.2	Mockin	gbird Lane	Balto. N	Md 21201
230. BURIAL, CREMATIO REMOVAL (Specify) 24. FUNERAL DIRECTOR	5/17/6	9. Holy	5	er Cemet	tery	LOCATION (City or Town) Baltimor TRAR 25b. REGISTR	AR'S SIGNATURE	(Stote)
Leonard	J. Ruck, I	nc. Balto.	Md. 2	1214 DATM	AY 14	1969	control for	O'm

part Me A CHARLES OF BUILDING The second secon AN DEL PRESIDENCE DE LE MINISTERNA

23a. BURIAL CREMATION.

FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

1969-MAY-20 PARKWOOD CEMETERY

250. REC'D BY REGISTRAR MAY 2 0 196

2Sb. REGISTRAR'S SIGNATURE Musiles Judge

23d. LOCATION (City or Town)
BALTIMORE MARYLAND (Stote)

2b, HOUR

1 p. M

State

THE PROPERTY OF THE The state of the s SERVE BALLOND TO THE PARTY OF T The state of the s

06524 FOR STATE 06522 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DEPT 1. DECEASED-NAME Middle 20. DATE KNOWN 2b. HOUR (Type or Print) OF ESTI-DEATH MATED ony delay S. DATE OF BIRTH IF UNDER 1 YEAR IE LINDER 24 HRS. DATE PRONOLINCED DEAD 2d. HOUR e Stote Deportmer 67 YRS puo March 21,1902 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country)Baltimore farm Give Poges 1, U.S.A. DIVORCED 12a. USUAL QCCUPATION (Kind of work done ID. CITY-OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital olong with working life, even if retired INDUSTRY Housing Authority 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER with lond 2 with 13b. COUNTY odmission) STATE Rockdale 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME in Trem Walter Hare Delila Beaver Exominer's pages 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANI ADDRESS (Yes, no or unknown) 216-09-8990 _= 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) within BETWEEN ONSET AND DEATH the Chief Medicol permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF event burial-transit Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF plnods ony writing the word stoting the underlying couse Ξ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 05 or removol, nsed 190. DATE OF OPERATION CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES 🗍 NO M Pe please execute the certificate 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) NOT WHILE FUNERAL DIRECTOR: Page AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... burial, Inspection X Inquiry and in my apinian Natural causes Suicide death resulted fram: Accident | Hamicide Undetermined manner Health prior-to CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) 160 ober NAME (Type) 23g. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 REMOVAL (Specify) Woodlawn Cemetery Burial Liberty Rd. Balto 24. FUNERAL DIRECTOR REGISTRAR'S SIGNA VR A15ME 1969 Loring Byers 8728 Liberty Rd. Randallstown

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06525 CERTIFICATE OF DEATH

06523

S. DATE OF BIRTH		CEASED-NAME YPE OF PINT) GLEIVE GORDON HARPER 20. DATE OF DEATH Month 5 Day 5 Year 69 3/3
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR RISTITUTION (Find of trank Actor) 12. USUAR PECUPATION (Kind of work done inbuspies) 12. USUAR PECUPATION (Kind of work done inbuspie	3. 5	Male White 4.28.1906 lost birthday) YRS. MONTHS DAYS HOURS MIN
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITALOR INSTITUTION (If not in baspital provided by the control of		MAKKIEU NEVEK MAKKIEU
Table Tabl	1	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUA) OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 27.2 — 03 — 91.22 17. INFORMANT Records, Mt. Wilson State Hospital APPOINANT REVENUE Records, Mt. Wilson State Hospital 18. Address Hospital 1	130	USUAL RESIDENCE (Where deceased liver, if institution; Residence before 13c. GIAY OR TOWN 13d. INSIDE GITY LIMITS? 13e. STREET AND NUMBER
HAR PER CORILLA CHRISTOPHER Address Addr		W. 1 Toute 13 all 1333 V acritera V
Test Part Death (Enter only one couse per line for (o), (b), and (c)		JOHN F. HARPER CORILLA CHRISTOPHER
R. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	160	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21d. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Day Year 19 19 10 10 10 10 10 10		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) For activation of full form of the property
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 9 10 11 12 12 13 14 14 15 15 16 15 16 16 16 16	RIFICATION	A steris celestic heart disease 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
While of work of while of work		□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. 19
22a. I certify that (I) (this haspital) attended the deceased fram \$. 6 . , 19 6 . , ta 5 , 19 6 . , that (I) (we) los sow the deceased alive on 196 . , and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) William Newcomer M. D. 22e. ADDRESS Mount Wilson, Maryland 23d. LOCATION (City or Town) (County) (State) BURIAL, CREMATION, REMOVAL (Specify) STAFF DIRECTORXXX PHYS. 22c. DATE SIGNED 22d. LOCATION (City or Town) (County) (State) Meadowridge Memorial Park Howard Co., Maryland 24. FUNERAL DIRECTOR ADDRESS 25g. RECUERTARS SIGNATURE 25b. SEGISTARS SIGNATURE 25g. RECUERTARS SIGNATURE	W	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State of work of work
DEGREE PHYS. DEGRE		22a. I certify that (I) (this haspital) attended the deceased fram 8. / 6 , 19.66, ta. 5 , 19.69, that (I) (we) lo sow the deceased glive on
NAME (Type) William Newcomer M.D. Mount Wilson, Maryland 23a. BURIAL, CREMATION, REMOVAL (Specify) 5-8-69 Meadowridge Memorial Park Howard Co., Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. RECTORY PEGISTRARS SIGNATURE	ŀ	Melycamma Degree ATTENDING MED. STAFF 5.5-1969
23g. BURIAL, CREMATION, REMOVAL (Specify) S-8-69 23c. NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Park Howard Co., Maryland 24. FUNERAL DIRECTOR ADDRESS 25g. RECUERARS SIGNATURE 25d. RECUERARS SIGNATURE 25d. RECUERARS SIGNATURE		
24. FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250, RECUSTRAR SIGNATURE	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town) (County) (State) REMOUVAL (Specify) F 8.69 Magnification Magni
TO-AMMO I COMOO HOMO INTELLED HOTE 21225 HITE		D'Out about

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camplefely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. of Health priar ta burial, cremation, or remaval, and in any event, within 72 haurs 30M REV. 1468

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Consult St. Recercia, No. Wilson State Hospital

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06526 06524 CERTIFICATE OF DEATH DECEASED-NAME 2o. DATE OF DEATH death. death. pup Month 5 (Type or print) within 24 haurs after S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost ADRIL 25, EMALE 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED the attending physician and completely filled in sit permit. Then please remave carban papers. matian or removal, and in any event, within 72 to BALTIMOR country) U.S WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) TOWSON DULANCY-TOWSON NURSING HOME HOUSE WIFE 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER and in any event executed odmission) STATE 13b. COUNTY BALTO 3915 BEECH HUE 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle First that the death certificate be Theresa A. Hedges Thomas O. Jones 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) ar removal, DULLANEY-TOWSON NURSING HAME CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN DISET AND DEAT IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF signed by physician. stoting the underlying couse burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to attending as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [be detached far use State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while ot work 22a. I certify that (I) (this haspital) attended the deceased from 26c., 1968, ta MAY 15, 1969, that (I) (we) last saw the deceased alive an 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING

PHYS.

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

requires TO FUNERAL DIRECTOR: After this certificate has been ATTENDING PHYSICIAN: O HOSPITAL OR ATTEND Page 4 may be retained shauld directar, page shauld be filed

REMOVAL (Specify) 24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home-6500 York Rd. 21212

22d. PHYSICIAN'S NAME (Type)

230. BURIAL CREMATION.

Joseph

23b. DATE

Druid Ridge Cemetery Baltimore
ADDRESS P250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

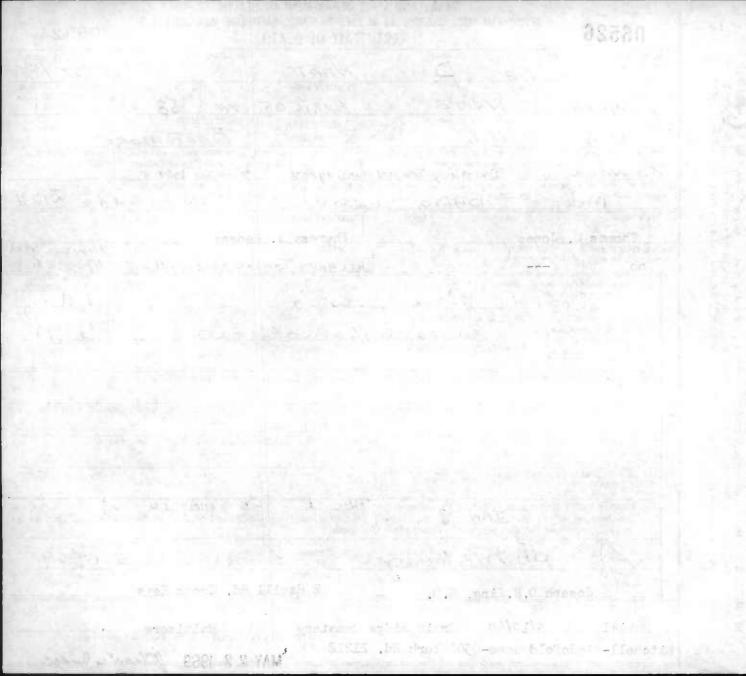
23d. LOCATION (City or Town)

(Stote)

(County)

DIRECTOR

2 Hamill Rd. Cross Keys



FOR STATE HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

O DEPUTY SICAL EXAMINER: This certificate should be executed within 24 hours after death any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 moy be retained far your files. TO DEPUTY

VR A15ME (9)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED-NAME Type or Print)	GEORG		Middle		last tarv			OF ESTI- DEATH MATED	Manth 5 -	Doy 9 -	Yeor 19 69	2b. HOUR
3. S	4	4. RACE COL	S. DATE OF BIRTH	last b	(In years IF U hirthday) MONTH	JNDER 1 YEAR IS DAYS	IF UNDER 2 HOURS	24 HRS.	2c. DATE PRONOUNCED Month 5	DEAD Doy 9	Yeor	1969	2d. HOUR
7o.	BIRTHPLACE (State	e ar fareign	7b. CITIZEN OF WHAT (MARRIED [WIDOWED [NEVER MAI	RRIED 🔀	9. COUN	TY OF DEATH BAL	10			N
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13o. a	USUAL RESIDEN Idmissian) STATE	CE (Where decease	13b. COUNTY	n: Residence befare みんてっ_	13c. CITY OR TO	WN 13	d. INSIDE CITY LI		30. STREET AND NUMB			ANE	
14. F	FATHER'S NAME	First No T	Middle K N	Last	15. M	OTHER'S MAI	DEN NAME	First	1< NOW N	lle		Lost	
	WAS DECEASED EV res, na, ar unkpow	ER IN U.S. ARMED F		SOCIAL SECURITY NO			. HA	RRI	ADDRESS		ME		
	18. CAUSE OF PART I. D	EATH WAS CAUSED	y ane couse per line f BY: TE CAUSE (o)	or (a), (b), ond (c).)		CV	A					PROXIMATE VEEN CONSET	
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		iote couse (a), derlying couse		A CONSEQUENCE OF									
-	PART 2. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT NOT		TERMINAL D	DISEASE OR C	ONDITION	GIVEN IN PART 1(a)		elic,		
MEDICAL CERTIFICATION	19a. DATE OF O	PERATION	191	o. CONDITION FOR W WAS PERFORMED?	HICH OPERATION	١			- 3-		20.	AUTOPSY YES	? NO 🏂
ICAL CERI	21a. EXTERNAL PRIMARY OF	R CONTRIBUTING		JRY Manth, Day, Year	21c. HO	W INJURY OC	CURRED (En	ter nature	of injury in Port 1 or	Port 2, Ite	m 18.)		
MED	21d. INJURY OC	CURRED 21e. F	PLACE OF INJURY (At h tary, affice building, e		21f. LOC	ATION Street	or R.F.D. Na.		City or Tawn		County		State
	22a. I		Natural causes	Accident	d abave, held	ide, CHII	psy, Hamicid EF MEDICAL I	e, EXAMINER	Undetermined m	uiry nanner (nd in m	y apiniar
	EXAMINER'S NAME (Type)	MOLN	F. S	CHAER	ER 1	DEP	UTY MEDICA	L EXAMINI		5.	9.6	7	
	BURIAL, CREMA REMOVAL (Spec DUTIA FUNERAL DIRECT	Í) 5/	12/69	ADDRES	Auburn	Ceme	2So. REC'D	BY REGIS		Md.	IGNATUR	230	3.4
1	Lewis '	T. Gwyn	in 4517	Park He	ights	Ave.	DMAY	13	1969	ionell	y yo	wer.	P

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06528 CERTIFICATE OF DEATH 06526 1. DECEASED-NAME 2g. DATE OF DEATH 2b. HOUR First Middle Lost carban papers. Pages 1 and 2 within 24 haurs after death Month ____ (Type or print) papers. Pages 1 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER † YEAR IF UNDER 24 HRS last birthday) MONTHS White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED -DIVORCED [Baltimore Balto. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) INDUSTRY Cockeysuille Stover Marblettile 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN law requires that the death certificate be executed admission) STATE 136. COUNTY and in any IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost attending physician and sermit. Then please ren >601016 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) ar remaval, 212-03-0865Masonic e cords APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) crematian, Pardio - Sclerotic Vas Heart Disease Canditions, if ony, which gove) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? d far use of Health p YES -NO NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram / Yay 1949, ta/Vlay saw the deceased alive an May 9 1969, and that causes stated above, (1) (we) (did not) view the bady after death 1969, and that in (my) (our) apinian death accurred on the date and haur and fram the shauld 22b. SIGNATURE 22c. DATE SIGNED directar, page 3 shauld be filed v DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type)

NAME OF CEMETERY OR CREMATORY

02/204

23d. LOCATION (City or Town)

(County)

REGISTRAR'S SIGNATURE

(State)

23a. BURHAL, CREMATION

FUNERAL DIRECTOR

VR A15 30M REV. 1/6 23b. DATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

Page 4 may be retained by the hospital or attending physicion.

vent, within 72 haurs after deoth.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

110000			CERTIFICA	TE OF DEATH			0652	8
DECEASED-NAME Fi (Type ar print)	rst	Middle		Last	2a. DATE O			2b. HOL
Jos	enh	Edmund	Hen	neberger	914	Manth Da	Year 6	9 2:0
3. SEX	4. RACE		Is	. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24
Male	Wh:	ite		6-28-02		last birthday) YRS.	MONTHS DAYS	HOURS
7a. BIRTHPLACE (State ar fareign cauntry)	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O			
Balto, Md.	USA		WIDOWED		Balt	imore		
10. CITY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR IN	STITUTION (If nat		UAL OCCUPATION	(Kind af wark dane	12b. KIND OF	BUSINESS OR
Randallstown	give s	treet address)Ba 1	to Co.	Gen during	most of working Banke:	life, even if retired.)	Banki	
13a. USUAL RESIDENCE (Where dec admissian) STATE Md		an: Residence befare Baltimor	13c. CITY OR T		NO [7]	REET AND NUMBER		
14. FATHER'S NAME First	Middle	Last		MOTHER'S MANDER YAME		edericks		Last
Joseph	R.	Henneber			XXXXXX			
16a. WAS DECEASED EVER IN U.S.	to succe de detec el consumi	16b. SOCIAL SECURITY I	NO. 17. INI	ORMANT		Address	1124	
Yes, no or unknown) (18 yes gi	As wat at date? Of setalce)	216-14-13	397 Kat	herine Lip	s Henne	eberger-D	urley I	ane
18. CAUSE OF DEATH (Enter	anly ane cause per lin	e for (o), (b), ond (c).) 1				APPROXI	MATE INTERVAL INSET AND DEATH
PART I. DEATH WAS CAL	JSED BY: DIATE CAUSE (a)	Care		mer of	OTA	wer"	3	E AND DEATH
1621		S A CONSEQUENCE OF		-		1		712
Canditians, if any, which gav		S A CONSEQUENCE OF		1		A		
rise ta immediate cause (a	i), (b)	TO TOURS OF A COMMENCE OF	-					
stating the underlying caus	Se DUE TO, OR A	S A CONSEQUENCE OF						
	, (c)	THE TO SELTH BUT III						
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	OI RELATED TO	HE TERMINAL DISEASE OF	RECONDITION GIVE	N IN PART 1(a)		
19g. DATE OF OPERATION	9b. CONDITION FOR WHI	CH ODEDATION WAS DE	DEOD MED	20a. AUTOPSY?	1001	VEC WEDE FINDINGS	CONCIDENTO IN C	FREITHING
3 170. DATE OF OFERATION	76. CONDITION FOR WHI	CH OPERATION WAS PE	Krukmeu		CALIER	F YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN C	EKTIFYING
19a. DATE OF OPERATION 11 12 ACCIDENT WAS UNDERL	111 .00	tarn	7	YES NO	2			
21a. ACCIDENT WAS UNDERL		INJURY Manth Day Year	21c. HOV	INJURY OCCURRED (Ent	ter nature af inju	ry in Part 1 ar Part 2,	Item 18.)	
a (If either, natify medical exa		Marini Day 1ear						
	Te. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	ATION Street at R.F.D. N	la. City	ar Tawn	County	State
22a. I certify that (I)	(this hasnital) atto	nded the decons	od from CC	2 2 9 10	63 to	5-1H = 10	(2) that	(1) ()
sow the deceased	alive an	- 2 Q	9 g and	that in (my) (aur) a	ninian death	occurred on the d	ate and hour	(I) (we)
causes stated abo	ve, (1) (we) (did) (did nat) view the	body after de	ath.	pilitali acaili	occorred on the di	are and noor	did iroiii
22b. SIGNATURE						22c.	DATE SIGNED	
(Oare	e COL	lead.	41. REGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1-16-	69
22d. PHYSICIAN'S NAMEDITY OF R	E B. A	LAHV.	M.y.	22e ADDRESS	eger,	At. Bec	lto.1	kl.
	b. DATE	23c. NAME OF	CEMETERY OR CI	REMATORY	23d. LOCATI	ON (City ar Tawn)	(Caunty)	(SobieD)
REMOVAL (Specify) Burial 5	-17-69	Druid R	idge C	emetery		nore, Mar	yl and	
24. FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D	BY REGISTRAR	25h REGISTRAR	SIGNATURE	1.00
Armacost Fune	ral Chape	1-4600 Li	berty I	Its. DATEMA	Y 20 18	69 Julia	sices free	0

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician director, page 3 should be detoched for use os the burial-transit permit. Then pl should be filed with the State Dept. of Health prior to burial, cremotion, or removal,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

116533				ERTIFI	CATE OF	DEATH			000	29	
DECEASED-NAME (Type or print)	First		Middle BRYAN		Lost HESS		20. DATE OF	Month Do	y 196°	yar c	2b. HOUR
3. SEX	ELMENT	4. RACE	DITERMS		S. DATE OF	B: TH	I'M'L	6. AGE (In years	IF UNDER 1		UNDER 24 HRS.
MALE		No. 1	THE	34		/1900		lost birthdoy) yRS.	MONTHS		HOURS MIN.
o. BIRTHPLACE (State of	r fareign	b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY OF	DEATH			
MARYLANI		U.S.	A.	WIDOWED		ORCED 🗌	BA:	LTIMORE			Mo
O. CITY OR TOWN OF D	EATH		ME OF HOSPITAL OR INS				JAL OCCUPATION	(Kind af wark dane	12b. KI	ND OF BU	ISINESS OR
FORT HOW			ERANS ADMI	IN. HO	SPITAL	anthe	GINEER	life, even if retired.)	Eat	iry	Co.
3a. USUAL RESIDENCE (Where deceased	lived, if institutio	n: Residence befare	13c. CITY O	R TOWN	13d. INSIDE CITY		REET AND NUMBER			
dmissian) STATE MARYLAND		PANNE A	RUNDEL	PASA	DENA	YES	R	OCKVIEW BE	ACH,	BER	THA RD
I. FATHER'S NAME	First	Middle	Last		S. MOTHER'S A	MAIDEN NAME	First	Middle			Last
W	LLLAM		HESS			15)	MMA			JOH	NSON
6a. WAS DECEASED EVE			16b. SOCIAL SECURITY N		INFORMANT			Address			
Yes, no or unknown)	WW	or dates of service)	215 03 122	21 CI	INICAL	RECOR	DS, VAH	, FT. HOWA	RD, A	D.	
1B. CAUSE OF DE	ATH (Enter anly	ane cause per line	far (a), (b), and (c).)						BET	LPPROXIMAT	T AND DEATH
PART I. DEAT	WAS CAUSED	BY: E CAUSE (a)	BRONCHO-H		NIA. T	ERMINA	L			AYS	AND DEATH
4123	}		A CONSEQUENCE OF								
Conditions, if ony,		(b)	ARTERIOS	LEROT	IC HEA	RT DIS	EASE		1 3	EAR	3
rise to immediat		(-)	A CONSEQUENCE OF								
last.)	(c)	CONGESTIV	TE HEA	RT FAI	LURE			N.	ONT	HS
PART 2. OTHER SIG	NIFICANT COND	ITIONS CONTRIBUTI	NG TO DEATH BUT NO	T RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION GIVE	N IN PART I(a)			
2											
19a. DATE OF OPERA	TION 19b. CO	ONDITION FOR WHIC	H OPERATION WAS PER	RFORMED	20a. AUT	OPSY?	20b. IF	YES, WERE FINDINGS	CONSIDERED	IN CERT	IFYING
					YES X	NO [] CAUSES	OF DEATHS			
		E 1 01 11111E 01		21c. ł	HOW INJURY OF	CCURRED (Ent	er nature of inju	ry in Part 1 ar Part 2,	Item 18.)		
OR CONTRIBUTING			Month Doy Year								
21d. INJURY OCCU While Nat wh at wark at wor	RRED 21e. P		AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		OCATION Stre	eet or R.F.D. N	a. City	ar Town	County		Stote
22a. I certify	that (this	haspital) atter	nded the decease	d fram_	MAR	8_, 19_	69 , ta	MAY 23 , 19	69 ,	that XI) (we) last
causes st	ated abave,	(t) (we) (did) (d	identity view the b	ady after	death.	my) (abi) ap	man acam	recorred an me at	ale uliu i	iuur un	u Hum me
22b. SIGNATURE	> .		0		1977110	1110	4450		DATE SIGNI	ED	
1	nsh	penda	ota Senan	a Die	REE PHYS.	ING	MED. DIRECTOR	STAFF PHYS.	/24/6	59	
22d. PHYSICIAN'S					22e. AD	DRESS			, , , ,		
NAME (Type)	PUSHP	endra se	NAN, M.A.			H, FT.	HOWARD				
BURIAL, CREMATION			23c. NAME OF C					N (City ar Town)	(Caunty)	(State)
REMOVAL (Sp. Tify)	5-2	7-1969	BALTO.					LTO., MD.			
4. FUNERAL DIRECTOR			166 RPV1	era Dr	ive,	2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATUR	E	
GEORGE GO	NCE FUN	ERAL HOM	E, RIVIER	A BEA	CH, MD.	DMAY	4 4 196	J Karan	of an	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fur director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Within 24 hours after executed TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be Page 4 may be retained by the haspital or attending physician.

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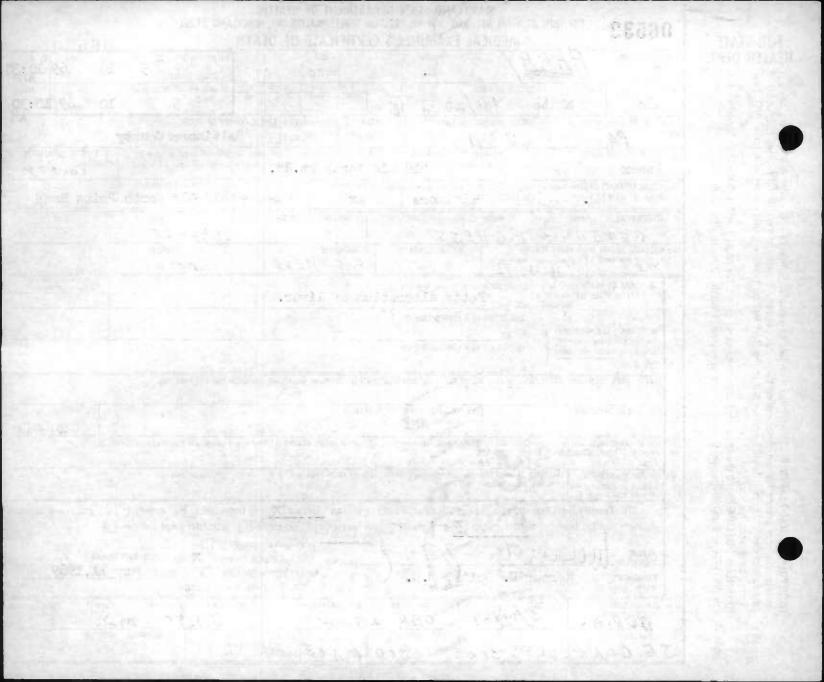
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 06530 HEALTH DEPT. 1. DECEASED-NAME last 2a. DATE KNOWN X 2b. HOUR Month (Type or Print) OF ESTI-1969 E. Hess 5 DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IE LINDER 24 HRS 3 SEX 4 RACE 2c DATE PRONOUNCED DEAD 2d. HOUR lost birthday) 10 Year Male 15 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in pencil in Item 18. GIVE Pages 1, Baltimore County DIVORCED [pages 1 and 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) 818 Old North Pt. Rdgring mast of warking life, even if retired.) Essex 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death 13b. COUNTY Baltimore 818 Old North Point Road admission) STATE Md. Essex Office after IS. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Middle BENJAMIN F. haurs 16h. SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, no, ar unknown) ABOVE B.F. HESS APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH pending PART I. DEATH WAS CAUSED BY: Fatty alteration of liver. IMMEDIATE CAUSE (a) DUF TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval. 19b. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES TO the certificate. pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection . Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide 🗍 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED May 11,1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE G. CONNELLY SONS 300 MACEDATEMAY VR A15ME (6)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN (Type or Print) Kenneth Hewitt W. ESTI-DEATH MATED delay IF UNDER 24 HRS 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 2c. DATE PRONOUNCED DEAD White Dec. 13. 1948 lost birthday) Male Depart 20 YRS C 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH along with form country) Maryland Baltimore U. S. A. WIDOWED DIVORCED [Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane hours after death Island-Bay Shore Pk. Carpenter - Coastal Back River give street oddress) pages land 2 with the 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER after death admission) STAHaryland 13b. COUNTBaltimore 7905 Trappe Road Dundalk NO X Office tem Middle 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle Hewitt Sr. Ross Hilda M. .u hours Examiner's 17. INFORMANT (Father) ADDRESS Dundalk. Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil be executed within (Yes no or unknown) 252-82-2463 Mr. Ross D. Hewitt Sr. 7905 Trappe Rd. File within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. 1 be forwarded to the Chief Medical "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise ta immediate cause (a), ward should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 writing the certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 remaval, be used 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? This please execute the certificate, 21g. EXTERNAL CAUSE WAS 50 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2/1tem 18.) 5 may be retained for yaur files. O FUNERAL DIRECTOR: Page 3 should Health prior to burial, cremation, or Page 4 shauld PRIMARY OR CONTRIBUTING -1969 crematian, DICAL EXAMINER: CAUSE OF DEATH 21f LOCATION Street or R F 21d. INJURY OCCUBRED 21e. PLACE OF INJURY (At home, farm, street, facility, office building, etc.) 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection [3] Inquiry X the funeral director. Accident X Suicide . death resulted fram: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6800 Mornington Road O DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** Melvin B. Davis ADDRESS(Street, city, tawn, or county) Dundalk. Md. 21222 M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION 23d. LOCATION (City or Town) REMOVAL (Specify) Gardens of Faith Cem. Baltimore, Maryland

John J. Duda. 7922 Wise Ave. Dundalk. Md.

24. FUNERAL DIRECTOR

2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

1969

Milanton Judge

(County)

06531

Day

Year 19 69

Year

12b. KIND OF BUSINESS OR

INDUSTRY Trailer Co.

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APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

20. AUTOPSY?

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5/5/69

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3		ty or town of dea Powson			11. NAME OF HOSPITAL OR IN give street oddress) St.	Joseph	itol 120. dyrin	JSUAL OCC	UPATION (Kindworking life, Elect	even if retir	done red.)	12b. KIND OF INDUSTRY	BUSINESS OR
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-	160.	WAS DECEASED EVER	rand IN U.S. ARMEI	J. D FORCES?	Hickey 16b. SOCIAL SECURITY	NO. 17. INFORMAN		line		Addes	000 = 5	Ray	
	3	es or unknown)	(If yes give wor	or dates of service	e)	Mrs.	Pauline	Nich	nolson,	Ashvi	ess 28 11e	. Ohio	n Road,
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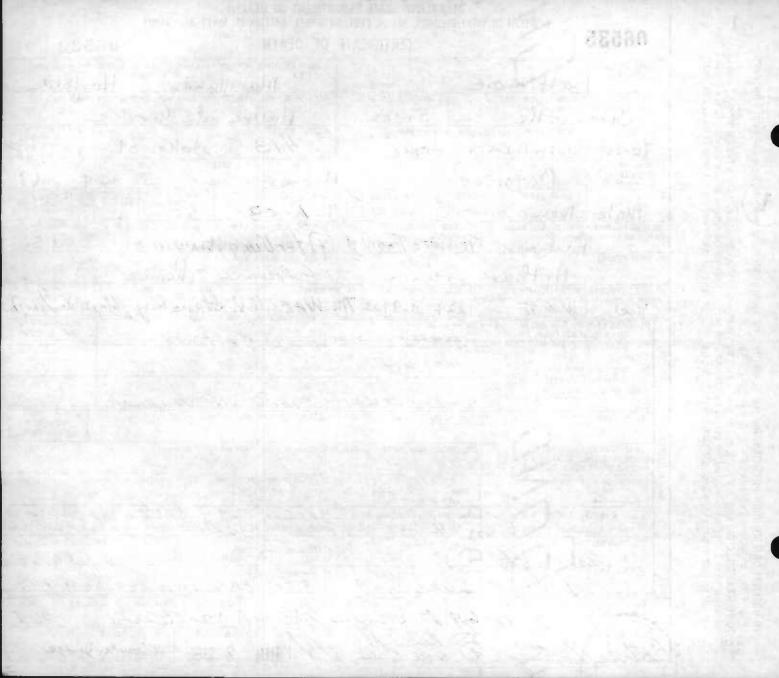
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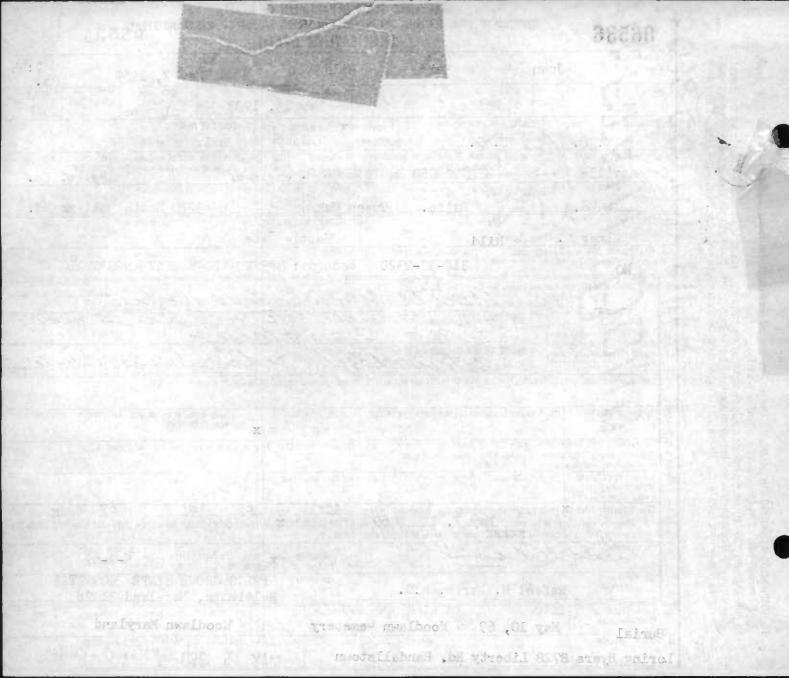
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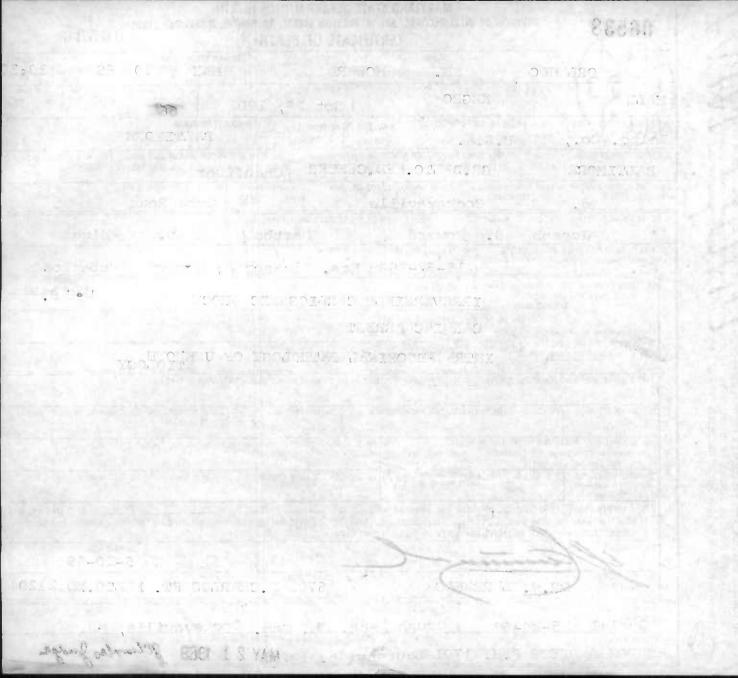
10-1	06536		VITAL RECORDS,	301 W. PRE	EPARTMENT OF STON STREET, BA TE OF DEATH	LTIMORE, MA	ARYLAND 212016	534	
death. neral and 2 death.	1. DECEASED-NAME (Type or print)	First John	Middle Reid		Lost .1d	2a. DATE (May Month, 1980	Yeor	267 HOUR
nurs after death.	3. SEX male		i te	\$ 5	May 15,		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
_ 5 8 3/	7a. BIRTHPLACE (State or fore cauntry) N. C.	U. 9	5.	WIDOWED		9. COUNTY O	timore		M
within 72 Hg	10. CITY OR TOWN OF DEATH Catonsville	give	NAME OF HOSPITAL OR INS PRINCE GROVE		n hospitol 120. U	SUAL OCCUPATIO mast of warkin neer	N (Kind of work done g life, even if retired.)	12b. KIND OF E INDUSTRY Balto.	CO.
	130. USUAL RESIDENCE (Wher admission) STATE Md.	deceased lived, if institu 13b. COUNTY	tion: Residence befare	13c. CITY OR TO	VEC 🗀		TREET AND NUMBER 3220 North	Rolling	
physician and cample en please can and in any event, and in any event,	14. FATHER'S NAME First				Net ti e Ta		Middle	E#A	Last
rtificate b physician en please avai, and	160. WAS DECEASED EVER IN Yes, no, or unknown)	U.S. ARMED FORCES? yes give war or dates of service)	218-32-23		ormant cords: SPI	RING GRO	Address H		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 shauld be detached to use as the burial-transit permit. Then please remave cache and the state Dept. of Health priar ta burial, crematian, ar remaval, and in any even	PART I. DEATH WA Conditions, if any, which rise to immediate countries stoting the underlying last. PART 2. OTHER SIGNIFICE	DUE TO, OR (b)	AS A CONSEQUENCE OF	nock 2	es carea es properties es constitution of the terminal disease of	leap to a dio a	EN IN PART I(0)	BETWEEN ON	LAZE INTERVAL SET AND DEATH LAZE LAZE LAZE LAZE LAZE LAZE LAZE LAZ
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G PHYS the has this ce detache te Dept.	While Nat while		OFFICE BUILDING, ETC.				y or Tawn	County	State
A ATENDIN retained by ECTOR: After 8 shauld be with the Stat	causes stated	(*) (this hospitol) att ised alive on Mis above, (I) (*)	ended the decease y 7, 1 (did not) view the l	ed fram	hat in (my) (out) outh.	<u> </u>	accurred on the do	69 , that ite ond haur o	(1) (we) las
L OR A. be refr DIRECT	22d. SIGNATURE	lae		DEGREE	ATTENDING PHYS.	MED. DIRECTOR	PHYS.	DATE SIGNED	4
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the	22d. PHYSICIAN'S NAME (Type)	Rafael H. 1	Marin, M.D.		Ba	ltimore	OVE STATE Maryland ON (City or Town)		
1100	REMOVAL (Specify) 24. FUNERAL DIRECTOR	May 10, 69		twn Ceme	tery	WOO BY REGISTRAR	dlawn Mary:	SIGNATURE	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Female	I I	Negro		1-1-189	97	last birth	YRS.	MONIUS DATS	nonc	min.
7a. BIRTHPLACE (State or fo		N OF WHAT COUNTRY?	8. MARRIE	D NEVER MARR	SIED X 9. C	COUNTY OF DEATH				
country) S.Carol:	na U.S	S.A	WIDOWE			Baltimon	re Cou	inty		Md
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OF	R INSTITUTION (If not in hospitol		CCUPATION (Kind of w		12b. KIND OF	BUSINESS	OR
Edgemere		give street oddress) 24	01 Rut	h Ave.	Domes t	of working life, even it	t retired.)	INDUSTRY		
13o. USUAL RESIDENCE (Whe	re deceosed lived, if	institution: Residence befo	ore 13c. CITY	OR TOWN	3d. INSIDE CITY LIMITS?		IUMBER			
odmission) STATE Mary	land 13b. 00	Baltimore	Edge	mere	YES NO	2401 IR	uthA	ve.		
14. FATHER'S NAME Fir		Middle Los	t	15. MOTHER'S MAI	DEN NAME First		Middle		Lost	
Gile	S	- Huntle	ey	H	lannah				?	
160. WAS DECEASED EVER IN			ITY NO. 1	7. INFORMANT			Address			
Yes, no, or unknown)	(If yes give war or dates of se	ervice)		Lillie C	Covingto	n 2401 Ru	th Av	e.		
	(Enter only one cous	se per line for (o), (b), ond	(c).)	0	in			APPROXI	MATE INTERV	AL
PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE ((a)		CV	H			6	da	40
4379	4379 DUE TO, OR AS A CONSEQUENCE OF									
Conditions, if ony, wh	ich gove)	1 mg 1 . 5	vase	las arti	em'noc	loroni		(5	yee	~
rise to immediate co	use (0), (TO, OR AS A CONSEQUENCE			, 00 0					
stoting the underlyin	g couse)	(4)								
PART 2. OTHER SIGNIF	CANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMINAL	DISEASE OR CONF	DITION GIVEN IN PART 1	i(o)			
	The same of						,			
19a. DATE OF OPERATIO	19b. CONDITION	FOR WHICH OPERATION WAS	S PERFORMED	20o. AUTOP	SY?	20b. IF YES, WERE	FINDINGS CO	ONSIDERED IN C	ERTIFYING	;
2	4			YES	NO Z	CAUSES OF DEATH	?			
21a. ACCIDENT WAS U	NDERLYING 21b.	TIME OF INJURY	21c			ture of injury in Port 1	or Port 2. I	tem 18.)		
	USE OF DEATH HOU	JR A.M. Manth Doy Y	eor		,		_,			
OR CONTRIBUTING COLUMN	21. PLACE OF I	P.M. INITIDY / AT HOME, FARM, STREET	19 T. FACTORY, 1 21f	LOCATION Street	or RED No	City or Town		County	Si	tote
While Not while	7	INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	7 211	LOCATION SHEET	OT KILLS, NO.	city of lowil		coomy	3	.510
at work of work		al) attended the dece	acad fra-	Dan 15	10 /	O to man	7 10	69 that	(1) (1)	a) last
saw the dec	arsed alive on	all allended the dece	1967	and that in (my	() (aur) apinia	in death accurred o	on the dat	te and haur	and fra	m the
causes state	d above, (I) (we	e) (did) (did nat) view t	he bady afte	er death.	, (301) apilita					
22b. SIGNATURE	10		1-10	ATTENDING	G MED.	TATE	22c. [DATE SIGNED	, 0	
tole	N. Con	way	20 D	EGREE PHYS.	DIREC	CTOR STAFF	1 m	reay (0	,17	69
22d. PHYSICIAN'S	106 1/	001	11 1/	22e. ADDR	ESS (4)	ct R-	14	os of	7 12	15
NAME (Type)	John .	· Conwa	7	1/-	7178	101	11/	L -(- 1
230. BURIAL, CREMATION,	23b. DATE	23c. NAME	OF CEMETERY	OR CREMATORY	2	3d. LOCATION (City or	Town)	(County)	(Stote))
REMOVAL (Specify) Burial-Trans	5-14-6	9 Flint	ridge	Cemetery	1	Pageland,				
24. FUNERAL DIRECTOR	The second second	Jr. 1735 Har			2So, REC'D BY R	EGISTRAR 2Sb.	REGISTRAR'S	SIGNATURE	labra.	
marshall W	. Junes.	JI. 1/33 Hay	LUIG A	ve.	MAT		-	7	201 43.	

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the deoth certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) N 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

06539

3.	SEX 4. RACE S. DATE OF BIRTH JULY 9, 1908 6. AGE (In years lif under) MONTHS MONTHS
	o. BIRTHPLACE (State or foreign of the country) O. BIRTHPLACE (State or foreign or foreign ountry) O. BIRTHPLACE (State or foreign or foreign or foreign ountry) O. BIRTHPLACE (State or foreign or
	0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) 12. INDL
	30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before dmission) STATE MD 13b. COUNTY BALTO ESSEX YES NO 133 HAMSHIR.
1	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle BRUND JAGELSK VICTORIA ZANIESK
1	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give wor or dotes of service) 213-10-4833 EVA JAGELSKI
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Can can am at cause (o). Ganditions, if any, which gave nise to immediate cause (o). Stating the underlying cause Can can am at cause (o). DUE TO, OR AS A CONSEQUENCE OF (c) Can can am at cause (o). DUE TO, OR AS A CONSEQUENCE OF (c) Can can am at cause (o). Can can am at cause (o). Can can am at cause (o). Can can am at cause (o). Can can am at cause (o). Can can am at cause (o). Can can am at cause (o). Can
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Finter nature of injury in Part 1 or Part 2 Item 18
	21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 Office of the rest of the r
1	21d. INJURY OCCURRED While Not while 1 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Count of work at work 1 work
	220. I certify that (I) (this haspital) attended the deceased from, 19, to, 19, saw the deceased alive on, 19, and that in (my) (our) opinion death occurred on the date and couses stated above, (I) (we) (did) (did not) view the body after death.
	22b. SIGNATURE DEGREE PHYS.
	NAME (Type) 126. ADDRESS 1/ E. Chase Street
	30. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Coun

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any eyent, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after.

Page 4 may be retained by the haspital or attending physician.

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1,670 THE REPORT OF THE PARTY. ... EN EN ELECTRICAL STREET ACREAL. Burney Trains 5-44-5-6-5-5-Many allered to the 18 hours assert

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and temperely filled in by the translated director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages berial, should be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital ar attending physician.

06542

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06540

	DECEASED-NAME Firs	t	Middle		Lost	2o. DATE O			2b. HOUR				
(Type or print) W17	liam Rane	dolph	Jeffe	erson		Month Doy	1968	3:10				
3. 5		4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS				
	Male	Ne	gro		1-10-19	10	lost birthday)	MONTHS DAYS	HOURS MIN				
70.	BIRTHPLACE (Stole or foreign	7b. CITIZEN OF WH		MADDIED	NEVER MARRIED	9. COUNTY OF							
con	Maryland	USA		VIDOWED I			Baltimore						
10.	CITY OR TOWN OF DEATH		ME OF HOSPITAL OR INSTITU	JTION (If no		JAL OCCUPATION	(Kind of work done		BUSINESS OR				
	Towson	give s	reet oddress)	oseph	during m		life, even if retired.)	INDUSTRY	DOSHIESS OK				
130.	USUAL RESIDENCE (Where deced			c. CITY OR		LIMITS? 13e. ST	REET AND NUMBER						
odn	nission) STATE Maryland	13b. COUNTY	_ B	altin	YES N		Il N. Calve	- C4	27 202				
14.	FATHER'S NAME First	Middle	Lost		. MOTHER'S MAIDEN NAME		Middle	IF L. Die	Inst				
	Alexander Jeff	erson	Program s	3.14	Maggie				2031				
	. WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY NO.	17. 1	NFORMANT		Address						
,	Yes, no, or unknown) (If yes give WW	war or dates of service)	212-16-666	o G	eraldine Tho	omas - 2	2119 Hollin	s St.					
	18. CAUSE OF DEATH (Enter o						-11701121.	APPROXI	IMATE INTERVAL				
	DADT I DEATH WAS CALIST	BETWEEN D	ONSET AND DEATH										
	1 IMMEDIATE (AUSE (o) Cerebral Thrombosis, Right 4336 DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if ony, which gove	(Conditions, if ony, which gove)											
	rise to immediate couse (a),	(p) DS	A CONSEQUENCE OF	erte	nsion								
	stoting the underlying couse lost.	(6)	Acute Renal	Fai	lure			M PAGES					
	PART 2. OTHER SIGNIFICANT CO	TUBISTIONS CAUTION				CONDITION CIVE	N IN DART 1/a)						
					THE TERMINAL DISEASE OF	COMPANION OFFE	it it i Aki i (o)						
CERTIFICATION	190. DATE OF OPERATION 19b	. CONDITION FOR WHI	CH OPERATION WAS PERFO	RMED	20o. AUTOPSY?	20b. II	YES, WERE FINDINGS CO	ONSIDERED IN C	ERTIFYING				
TEIC					YES NO CAUSES OF DEATH?								
	210. ACCIDENT WAS UNDERLYI		INJURY	21c. HC	W INJURY OCCURRED (Ente		ry in Port 1 or Port 2. I	tem 18.)					
MEDICAL	☐ DR CONTRIBUTING ☐ CAUSE OF OEA (If either, notify medical exam		Month Doy Yeor	1	(**************************************			70.7					
MED	214 INTITOV OCCUPPED 210			1 21f. LO	CATION Street or R.F.D. No	o. City	or Town	County	Stote				
	While Not while of work	,	OFFICE BUILDING, ETC.	/				200111	3.0.0				
	22a. I certify that (t)	nis hospital) atte	nded the deceased	from	April 9 196	59 to M	av 2 19	69 that	#) (wa) las				
	sow the deceased of	alive anM	ay 2 196	9 _, onc	that in () (our) op	inian deoth	occurred on the dot	e and hour	and fram the				
	couses stoted obov	e, 🗱 (we) (did) (view the bod	ly after d	eoth.								
	22b. SIGNATURE	: 0	A. 1		ATTENDING - M	MED.	CTACC	ATE SIGNED					
	Juach	un for	Cin p-h	DEGRI	EE PHYS.	DIRECTOR L		y 2, 1	969				
	22d. PHYSICIAN'S NAME (Type) Gualb				ZZE. ADDRESS								
					7620 York		Baltimore,	Md. 2	1204				
230.		DATE -7-69	23c. NAME OF CEM Baltimos	ETERY OR	CREMATORY tional	23d. LOCATIO	ON (City or Town) More, Mary	(County)	(Stote)				
24	REMOVAL (Specify) Burial FUNERAL DIRECTOR												
14.	TORLOGE DIKELTUK	1. 8	302 Madison	Ave.		BY REGISTRAR	9 SSB. REGISTRAR'S	IGNATURE					
(markles 1.	1 aw			DMAY	6 196	J F	VA					

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

() () ()	CERTIFICA	TE OF DEATH		0654	1
1. DECEASED-NAME First Midd (Type or print)	lle	Last	2a. DATE OF DEATH Manth	Day Vons	2b. HOUR
KODINA WAUK	RIE UE	ENNE	MAY	5 1969	8:30 PM
3. SEX 4. RACE	S	DATE OF BIRTH	6. AGE (In years last birthagy)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
Female White		12-29-99	69 Y	RS.	HOOKS MIN.
7a. BIRTHPLACE (State or foreign country) 7b. CITIZEN OF WHAT COUNTRY?	MARKIED	MEACK MAKKIED	COUNTY OF DEATH		
PA, U.S.A.	WIDOWED		BALTIMO	re	Md
nive street address)	AL OR INSTITUTION (If nat	in haspital 12a. USUAL C	CCUPATION (Kind of work do of working life, even if retire	ine 12b. KIND OF B d.) INDUSTRY	USINESS OR
CARRISON, MG. 1=0X1810	ph Novsing	HOME PHO	useevelas	aron	Seone
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residente admission) STATE 13b. COUNTY	1 12	OWN 13d INSIDE CITY LIMITS	Total British Transcore	2/2.1.	10
ma Balli	15A	-/0	54291	PRAdin	AVE
14. FATHER'S NAME First Middle	Last 15. 1	NOTHER'S MAIDEN NAME First	Miebella	1	Last
16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL S	ECURITY NO. D 17. INF	year year	1 ///1	THE RELL	VAS C
Yes, no of unknown) (If yes give war or dates of service)	an area Wil	OKMANI J	Addres:	forgalay.	m, Mx
IN THE DIET	22-7188 JW	my ser je	mnx, 392	7 STARL	n Chil
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY:		10-000	60 2	BETWEEN ON	SET AND OFATH
11 - es	dances	10000 1a			
Canditions, if any, which gave	ENCE OF WELLY WOL	^			
rise ta immediate cause (a),		4			
stating the underlying cause DUE 10, OR AS A CONSEQU	ENCE OF				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONF	OITION GIVEN IN PART 1(n)		
			(0)		
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	2Da. AUTOPSY?	2Db. IF YES, WERE FINDING	GS CONSIDERED IN CER	RTIFYING
DELL		YES NO	CAUSES OF DEATH?		
	21c. HOW	INJURY OCCURRED (Enter na	ture of injury in Part 1 or Part	2, Item 18.)	
G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M.	y Year 19				
- I ZIU, INJURI OCCURRED ZIE, PLACE OF INJURI I ACTIONA, TANN,	STREET, FACTORY.) 21f. LOCA	TION Street ar R.F.D. Na.	City or Town	County	State
While Nat while at wark		1 e		, , ,	
22a. I certify that (I) (this haspital) attended the	deceased from /	0-19,196	Z, ta _ / - / - ,	19 <u>69</u> , that ((I) (we) last
saw the deceosed alive an couses stoted abave, (1) (we) (did) (did nat) vie	19 /, and t	hat in (my) (our) opinió	n deoth occurred on the	dote ond hour a	nd from the
22b. SIGNATURE	ew me bady aner de	um.		PZC. DATE SIGNED .	
Veceuto 18/ reliqueo 18/	DEGREE	ATTENDING MED. PHYS. DIREC	STAFF DATE	J-V-6	9
22d. PHYSICIAN'S NAME (Type) VICETETE M RU	'ANO	22e. ADDRESS RA	steiston Ke	A River!	del.
23a. BURIAY CREMATION, 23b. DATE 235 N	AME OF CEMETERY OR CR	EMATORY 2	Bd. LOCATION (City or Town)	(Coupy) H	(State)
24. FUNERAL DIRECTOR	ADDREAS ADDREAS	250 PECIDARY DE	GISTRAP 256 PEGISTR	AD'S SIGNIATION OF THE PROPERTY OF THE PROPERT	IND.

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24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completers filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, writhin 72 hours of the contraction. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician.

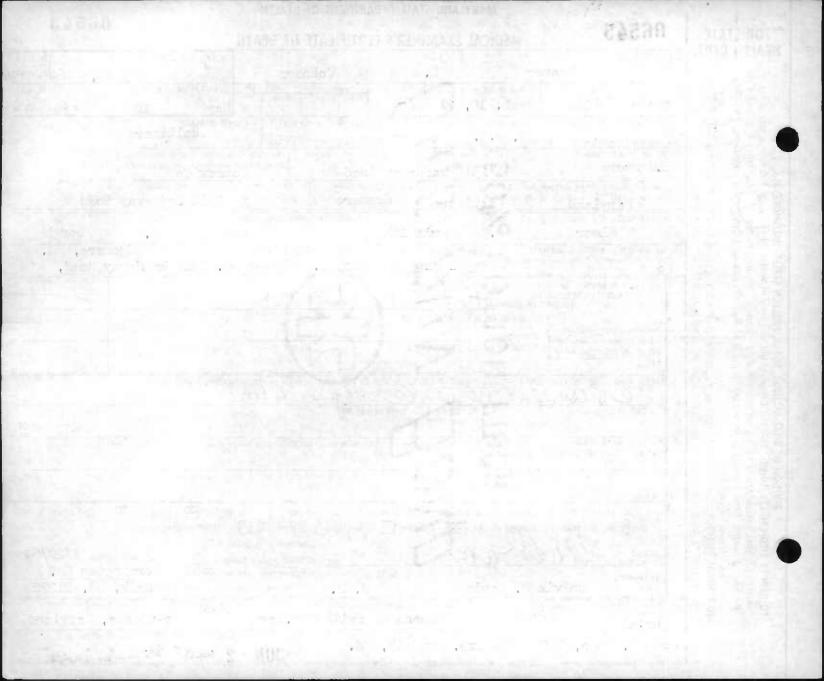
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TO REPORT OF THE PARTY OF THE P

OR STATE		06543	5	MEDICA	LEXAMI	NER'S C	ERTIFICAT	E OF DEA	TH		00	043	
LTH DEPT.		ECEASED-NAME Type or Print)	first Elean	or	Middle H.		lost Joh	nson	2a. DATE OF DEATH	(NOWN Month ESTI- MATED May			26. HOUR
PM3. Peg		emale	4. RACE White	S. DATE OF BIRTH	, 21	AGE (In years last birthday)		HQURS		RONOUNCED DEAD Day 28	Year		O. OPM
farm farm te Dep	Pe	ennsylva ITY OR TOWN O	nia F DEATH		OF HOSPITAL O	WID OR INSTITUTIO	N (If nat in hospi	IVORCED 12a. USUA	AL OCCUPATION (altimore (ind of work done	12b. KINI	D OF BUSINE	Md.
atong with far with the State leath.	130.	Edgemer USUAL RESIDEN dmission) - STATE	CE (Where decease	d lived, if institution	12 Hado	efore 13c. CIT	OR TOWN	13d. INSIDE CITY LIMIT	37 13e. STREET	e even if retired.) AND NUMBER		311	
1 and 2		Mar ATHER'S NAME	yland First Clmer	Middle H.		lost ffith	IS. MOTHER'S A		A 2512 First Edna	Haddaway Middle F.		lost Gough	
pages	16a.	WAS DECEASED EV es, no, or unknov	(If yes give w	ne ne datas of canaca)	6. SOCIAL SECUR 20-30-2			(Husband Johnson		ADDRESS Edg 12 Haddav	gemere	e, Md.	•
meaical examiners permit. File pages it within 72 haurs		1B. CAUSE OF PART 1. D	EATH WAS CAUSED	ane cause per line BY: E CAUSE (a)	gr (a), (b), and	b(c).)	Dis	e135-L				PPROXIMATE INT WEEN ONSET AND	
ansit pe			iny, which gove iate couse (a),	DUE TO, OR AS									
burial-transit in any even		last.	derlying couse	DUE TO, OR AS									
c s pup	NC	(1)	1 Leur		Mils.	(4)	Visto the	. / . //		PART 1(a)			
be used a remaval,	MEDICAL CERTIFICATION	19a. DATE OF C			b. CONDITION F	MED?	,					AUTOPSY? YES	NO 🌁
Pla	DICAL CES	21a. EXTERNAL PRIMARY 0 CAUSE OF DEAT	R CONTRIBUTING	21b. TIME OF INJU HOUR A.M. P.M.	JRY Manth, Day	, Year 19	21c. HOW INJURY	OCCURRED (Enter	nature af injury	in Port 1 or Part 2,	Item 18.)		
w 0	WE	21d. INJURY OC WHILE AT WORK		LACE OF INJURY (At t ary, affice building, e		eet,	21f. LOCATION Stre	eet or R.F.D. Na.	City o	r Town	Caunty		State
FUNERAL DIRECTOR: Page salth prior to burial, crem			certify that I to sulted from:	ok chorge of the Natural causes			Suicide	, Homicide CHIEF MEDICAL EX	AMINER	ermined monner	E SIGNED	5/29/	
the tuneral 5 may be r fo FUNERAL Health pria	230	EXAMINER'S NAME (Type) BURIAL, CREMA		n B. Davi		OF CEMETER	M. D. A	ADDRESS(Street, ci	ty, town, ar cauni	800 Morni y) Dundalk (City or Town)	, Md.	. 2122	
2		REMOVAL (Spec	ify) 6/	2/69	Gard	ens of	Faith (Cemetery 250. RECD B		Baltimo	re, M	laryla	-/
ME (5)	J	ohn J.	Duda, 792	22 Wise Ar	re. Dun	dalk,	Md.	DATELLIN		o orlan-			

O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Them 18. Give Pages 1, 2, and 3 ta 4124



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06544 06546 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2b. HOUR (Type or print) JOHNSON RANDOLPH B. 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 12/10/08 last birthday) WHITE MALE papers. Pag hin 72 hours 7o. BIRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH U.S.A. BALTIMORE DIVORCED [PRINCE GEORGE CO.MD. WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) FORT HOWARD physician and campletel hen please remove carb noval, and in any eyent, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 3308 Paine Street 13d INSIDE CITY LIMITS? 1BK. COUNTY BALTIMORE YES NO 14. FATHER'S NAME JOHNSON Last 15. MOTHER'S MAIDEN NAME First ASHTON LOTTIE VERMILLION 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) CLIN.RECORDS, VA HOSP. FT HOWARD, MD. 218 18 17 27 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY BRONCHOPNEUMON IA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) CEREBROVASCULAR ACCIDENT burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ARTERIOSCLEROSIS, GENERAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CARDIAC ISCHEMIA Health prior to O FUNERAL DIRECTOR: After this certificate has been DIABETES MELLITUS. 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING YES [NO X no autopsy 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (Ixithis haspital) attended the deceased fram 1/21/69, 19 saw the deceased alive an 19 , ond that in tank) (gur) or to 5/13/69 _, and that in (aur) (aur) opinian death occurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 5/13/69 Lewis as ICA DEGREE DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS ERHARD J. BUNYOR, M. D. VAH FT HOWARD. MD. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BEMOVA (Pecify) LORRAINE PARK CEMETERY BALTIMORE, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06545 DECEASED-NAME First Middle lost 2o. DATE OF DEATH 2b. HOUR be executed within 24 haurs after deoth. (Type or print) DAVID LEE JONES S. DATE OF BIRTH 6/28/26 3. SEX 4 RACE 6. AGE (In years IF UNDER I YEAR WHITE last birthday) MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH EASTON. MARYLAND U.S.A. BALTIMORE DIVORCED | WIDOWED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give stroetheddress ADM . HOSPITAL during most of working life, even if retired.) ANTIQUE BUSINES FORT HOWARD 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 3d. INSIDE CITY LIMITS? 18b. COUNTY CHESTER QUEEN ANNE YES K NO inony 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First CROUCH JONES PEARL **JEROME** Certificate 16b. SOCIAL SECURITY NO. INFORMANI
CLIN.RECORDS, VA HOSP. FT HOWARD, MD. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes unknown) 093 20 86 93 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY CARCINOMA OF ESOPHAGUS WITH WIDESPREAD METASTASE IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 0.5 CAUSES OF DEATH? YES K NO 🗌 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) etrended the deceased fram—saw the deceased alive an—19—, as and that in (2014) (aur) apinian death accurred an the date and have and from the causes stated abave, (x) (we) (did) (did) (with the bady after death. 22b. SIGNATURE 22c. DATE, SIGNED 5/26/69 **ATTENDING** MED. DIRECTOR DEGREE PHYS PH/SKJAN'S NAME (Type) 22e. ADDRESS GEORGE O' MC ELFATRICK, M. D. VAH FORT HOWARD, MARYLAND director, should b 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURTAL, CREMATION (County) (Stote) STEVENSVILLE STEVENSVILLE, MD. ALYCEADRANE FUNERAL HOME RECUBER REGISTRAR 3 1969 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR CHURCH HILL, MARYLANDANUN

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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S. DATE OF BIRTH S. DATE OF		ECEASED-NAME First		Middle		Lost	20.	DATE OF DEATH	ah Da	V	2b. H
FEMALE NEGRO SEPTEMBER 14, 1909 195 196 196 197 19	L	MAR	Y	ELIZAE	BETH	JONES		MAY	6,	1969	1:1
NEGRO SEPTEMBER 14, 1905 59 YRS.	3. SI	EX	4. RACE					6. AGE	In yeors		IF UNDER
South Maryland U.S.A.		FEMALE		NEGRO		SEPTEMBER	14,	1909 5			HOURS
MARY_Land U.S.A. WINDOWDY DIOCRED ID. CITY OR TOWN OF DEATH TOWSON TOWSON ST. JOSEPH HOSPITAL JOSEPH HOS			7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COL	UNTY OF DEATH			
TOWSON ST. JOSEPH HOSPITAL		Maryland									
130. USIAL RESIDENCE (Where deceosed lived, if institution, Residence before mission) ASMILAND 184. ARMER 185. MOTHER'S MAIDEN NAME 18	1		11. N give	AME OF HOSPITAL OR INS street oddress) ST. JOSEE	STITUTION (If no PH HOSP	t in hospital 120.					F BUSINESS
UNK. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Ver p.g. or unknown) 117 yes year word or dother of service) 215-32-9364 Mr. James Pringle Hereford, M. 215-32-9364 Mr. James Pringle Hereford, M. APPRODURTE APPRODURTE APPRODURTE Conditions, if any, which gove nest to immediate couse (a). Stoting the underlying couse (b). FART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.(a) 190. DATE OF OPERATION 190. DATE OF OPER	130.	USUAL RESIDENCE (Where deced	sed lived, if institu	tion: Residence before	13c. CITY OR	TOWN 13d. INSIDE	CITY LIMITS?	13e. STREET AND	NUMBER		
16b. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF INJUSY 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	14.	FATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAIDEN NA	ME First		Middle		Lost
16b. SOCIAL SECURITY NO. 215-32-9364 Mr. James Pringle Hereford, M. 215-32-9364 Mr. James Pringle Hereford, Maryland 215-32-9364 Mr. James Pringle Hereford, Maryla		UNK.					FI	LORENCE		LEON	ARD
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bilateral Bronchial Pneumonia	160	. WAS DECEASED EVER IN U.S. AR	MED FORCES?						Address		
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bilateral Bronchial Pneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if dny, which gove one to immediate couse (o). FART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING 210. ACCIDENT WAS UNDERLYING 101 (if either, notify medical examiner) 102 (If either, notify medical examiner) 103 (If either, notify medical examiner) 104 (If either, notify medical examiner) 105 (If either, notify medical examiner) 210. INJURY OCCURRED While 105 (AT HOME, FARM, STREET, FACTORY.) 211. INJURY OCCURRED While ON OWNER 212. I certify thot (I) (this hospital) ottended the deceased from APT1 Sow of the deceased drive an May 6 1899, and that in (my) (our) opinion death occurred on the date and hour one causes stated above, (I) (we) (did) (did not) view the bady ofter death. 220. BURIAL, CREMATION, REMOVAL (Specific Source) 121. JOAN B. Cerm. 122. DATE SIGNED May 6 1969 223. BURIAL, CREMATION, REMOVAL (Specific Source) 123. BURIAL, CREMATION, REMOVAL (Specific Source) 124. JOAN B. Cerm. 125. CERM. 126. CERM. 127. DATE OF OPERATION 128. CERM. 129. JOAN B. CERM. 120. ACCIDENT WAS UNDERLYING 120. AUTOPSY? 220. AUTOPSY? 221. LOCATION Street or R.F.D. No. City or Town County C		NO. or unknown)	war or bales of service)	215-32-9	364	Mr. Jame:	s Pri	lngle	Here		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) Hill Add My, which gove one to immediate cause (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (b) Cardiovascular Accident DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONSIDERED IN CERTIC CAUSES OF DEATH? 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONSIDERED IN CERTIC CAUSES OF DEATH? 191. ACCIDENT WAS UNDERLYING CONSIDERED IN CERTIC CAUSES OF DEATH? 192. ACCIDENT WAS UNDERLYING CONSIDERED IN CERTIC CAUSES OF DEATH? 193. ACCIDENT WAS UNDERLYING CONSIDERED IN CERTIC CAUSES OF DEATH? 194. AND MORE CARRADIST CAUSE OF DEATH POWER FARM. STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (if yor Town County While of work) of work of the deceosed from April 3 (1969), ond that in (my) (our) opinion death occurred on the date and hour one causes stoted above, (i) (we) (did) (did not) view the bady ofter death. 220. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Grove) (County) (Count		18. CAUSE OF DEATH (Enter o	nly one couse per l	ine for (o), (b), and (c).)						
DUE TO, OR AS A CONSEQUENCE OF Conditions, if dry, which gove inse to immediate cause (a), stating the underlying couse (b). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 210. ACCIDENT WAS UNDERLYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hem 18.) 210. ACCIDENT WAS UNDERLYING 19b. CONSIDERED IN CERTIFICATION 19b. CONTRIBUTING CAUSES OF DEATH? 210. AUTOPSY? YES NO CAUSES OF DEATH? CAUSES OF DEATH? 100. CAUSES OF DEATH? HOUR A.M. Month Doy Year 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Hem 18.) 21c. HOW INJURY OCCU	150	PART I. DEATH WAS CAUS	ED BY:	Rileterel F	ronchi	al Pneumon	in				
County C		_	ONDITIONS CONTRIBU	JTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE	OR CONDITI	ION GIVEN IN PART	T 1(o)	1	
HOUR A.M. Month Doy Yeor 19 21d. INJURY OCCURRED While of work of	TIFICATION	190. DATE OF OPERATION 196	. CONDITION FOR W	HICH OPERATION WAS PE	RFORMED		0 🗆			CONSIDERED IN	CERTIFYIN
While of work		OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M.	Month Doy Yeor	- 77.4	W INJURY OCCURRED	(Enter notur	re of injury in Port	1 or Port 2	, Item 18.)	
sow the deceosed alive an May 6, 189, ond that in (my) (our) opinion death occurred on the date and hour one causes stated above, (I) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED May 6, 1969 22c. DATE SIGNED May 6, 1969 22d. PHYSICIAN'S NAME (Type) 10c. Cilliani, M.D. 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, REMOVAL (Specify) 23d. DATE 23c. NAME OF CEMETERY OR CREMATORY STAFF PHYS. 22e. ADDRESS 7620 York Road Baltimore, May 212 23d. LOCATION (Gity or Town) (County) (County) STAFF May 6, 1969 22d. ADDRESS 7620 York Road Baltimore, May 212 23d. LOCATION (Gity or Town) (County) (County) STAFF May 6, 1969 24d. DATE SIGNED May 6, 1969 25d. ADDRESS 7620 York Road Baltimore, May 212 25d. LOCATION (Gity or Town) (County) (County) STAFF May 6, 1969	ME	21d. INJURY OCCURRED 21e While Not while of work	e, PLACE OF INJURY								
22d. PHYSICIAN'S NAME (Type) Thes Cilliani, M.D. 22e. ADDRESS 7620 York Road Baltimore, Mi. 212 23o. BURIAL (REMATION, REMOYIAL (Specify) 23b. DATE 33c. NAME OF CEMETERY OR CREMATORY Mt. Joy A.M.E. Cem. Hereford, Maryland		22a. I certify that (I) (the sown the deceased causes stated above	his hospitol) ott alive an <u>Ma</u> re, (I) (we) (did)	ended the deceose (did not) view the	ed from Ap 69_, ond bady ofter d	ril o thot in (my) (our) eath.	opinion	to May 6	on the d	9 <u>69</u> , tha lote ond hour	t (I) (w ond fro
NAME (Type) Ines Cilliani, M.D. 7620 York Road Baltimore, M. 212 230. BURIAL, CREMATION, REMOVAL (Specify) 5-10-69 Mt. Joy A.M.E. Cem. Hereford, Maryland		22b. SIGNATURE	illia	· 19.	7	ATTENDING PHYS.			220	. DATE SIGNED	
Mt. Joy A.M.E. Cem. Hereford, Maryland		NAME (Type) Ines				7620 Yo	rk Ro	ad Balt	imore	, Md. 2	
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24. FUNEKAL DIRECTOR ADDRESS 250. REL D. SYREGISHAR 2017 ADDRESS	-		5-10-69		oy A.						nd
MORTON & DVETT F H 1701 Taurong Chrombat	24.						BAREG	1959°	KEGISTRAK	SAIM BRAKE A	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

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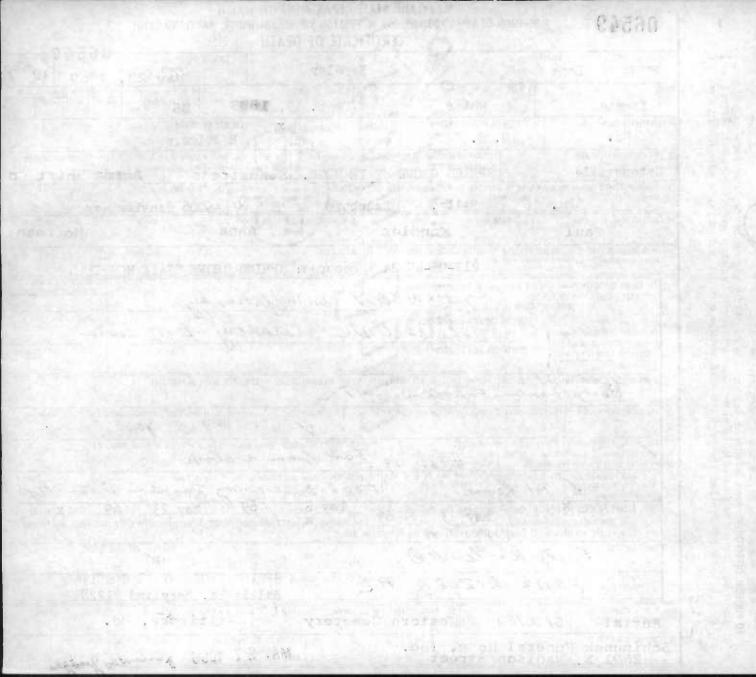
Schimunek Funeral Home, 1 2601 E. Madison Street

REMOVAL (Spedfy) 24. FUNERAL DIRECTOR

Western Cemetery

MARYLAND STATE DEPARTMENT OF HEALTH

Mav 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Baltimore during most of working life, even if retired INDUSTRY Seamstress Aetna Shirt 13e. STREET AND NUMBER 5006 Denview Way Lost Hoffman 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? City or Town Rasyba Balto-22c. DATE SIGNED 22e. ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21228 23d. LOCATION (City or Town)
Baltimore, Md. (Stote) 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Munite



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	06550		CERTIFICAT	E OF DEATH		06548				
1.	PLACE OF DEATH a. COUNTY Baltimore		MARYLAND	a. STATE A	E (Where deceased lived, If institution b. COUNTY 6	Residence before admission)				
	b. CITY OR TOWN (if outside cor write RURAL and give nearest	town)	c. LENGTH OF STAY IN 1b	Sparks	outside corporate limits, write RUF					
	d. NAME OF HOSPITAL OR INSTIT Bellavista Farms/	10			Farm Dubbs Road	e. IS RESIDENCE ON A FARM? YES X NO				
3.	NAME OF DECEASED (Type or print)	First Ua	M. Kavanag		4. DATE Month DF DEATH May 2	Day Year 19 <i>6</i> 9				
5. F e	emale white	WIDOWED 2	DIVORCED	8. DATE OF BIRTH	last birthday) Month					
dur	a. USUAL OCCUPATION (Give kind of a ring most of working life, even if re housewife	work done 10b. KIN	ND OF BUSINESS OR DUSTRY NOME	Pennsulvar	ria	CITIZEN OF WHAT COUNTRY?				
15	Thadeaux St. NAME Thadeaux St. NAME Thadeaux St. NAME Thadeaux St. Thadeaux St.	DFORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	Stevons Address					
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY: Clarka		tic C.V. Z	Distract	INTERVAL BETWEEN ONSET AND DEATH				
	41211	DUE TO (b) DUE TO (c)	and ar	teni se	Christ.	Corpusory				
CERTIFICATION		DITIONSCONTRIBUT			DISEASE CONDITION GIVEN IN PART 1	YES NO PERFORMED?				
	20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX	G 20b. DE DEATH (AMINER)			finjury in Part I or Part II of Item					
MEDICAL	20c. TIME OF INJURY Month, I Hour a.m. p.m.	Day, Year 20d. IN. While 19 at work	JURY OCCURRED 20e. PL faci at work	ACE OF INJURY (Home, fa tory, street, office bldg., e		County) (State)				
	21. I certify that (I) (this saw the deceased alive on	1 -1 10	001	at death occurred at	90 to 179 2 7 , 19					
	22a. SIGNATURE ON C. PORTURE M.D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED ON CONTROL 22b. DATE SIGNED									
23		orterfield	23c. NAME OF CEMETE		pstead, Md.	county) (State)				
	BURIAL CREMATION, 23B. D. REMOVAY (Specify) 5/2	-11-	New Cathedra	l Cemetery	Baltimore	ML. RAD'S SIGNATURE				
	John Burns Son	5	Towson Mary	MA	1 2 9 1969 your	nes Judge				

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TIPTON ELINE FUNERAL HOME, HAMPSTEAD. MD.

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2	Items FilmG413 DIVISION OF VITAL RECORDS, 301 V	W. PRESTON STREET, BALTIMORE, MARYLAND 21201
,	5/29/69 kk 06552 CERT	IFICATE OF DEATH
42 P	TINAME OF DECEASED (Type or Print) ARRY TINER	2. DATE AND HOUR OF DEATH
l and	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	May 18, 1969 M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	BALTIMORE COUNTY	A. STATE B. COUNTY
S'u ye	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IVE STREET HOSPITAL OR INSTITUTION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
by haurr	Forest Haven nursing Home In	Belto, YES NO
in 24		E. STREET AND NUMBER 603 S. Macon Street 21224
within 24 ha	5. SEX 6. RACE 7. MADDIED NEVED MADDIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
ecuted camptet ove car	MARKIED NEVER MARKIED	last birthday Manths Days Hours Min.
xecut cam move	IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	2/17/1880 89 Y 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
and rem	dane during most of working lite, even if retired)	me .
ate b cian ease	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ertificate l physician	august	Otten
h cer	15. Was Deceased Ever in U. S. Armed Farces? Tres, na ar unknawn) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	
The law requires that the death certificate be executed attending physician. has been signed by the attending-pthysician and camptese as the burial-transit permit. Then please remove ca	Tres, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO. 219-05-638	The Edward Kellner 603 S. Margn
the att	18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s that the deat cian. d by the attend	DISEASE OR CONDITION DIRECTLY	
quires the	(A)IMMEDIATE CA	USE BISFESINO BIVEURYSMA
equires physicio signed l burial-fr	heart failure, asthenia, etc. 11 meons the disease, injury ar camplication which caused deoth.)	/a a
The law reathending has been sise as the k	ANTECEDENT CAUSES	
The law ratending has been se as the	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
0 ⊃ -	I LINDERLYING CONDITION lost	CULAK MISSHSC
YSICIAN: aspital ar certificate thed far u	11	THE WILL PROPERTY
T- 5	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
of ± ab	22. I certify that (I) (this hespital) attended the deceased from	
ATTENDING stained by the CTOR: After Should be d	that (1) (we) last saw the deceased alive an	19.6.9 and that in(my) (our) apinian death accurred an the date
R ATTENE retained ECTOR: A	and haur and fram the causes stated above, (I) (We) (did) (did nat)	view the bady after death.
OR A De rette	AH	hending Med. Shoff
AL OR IY be L DIR	23C. EMISSICIAN'S AND STEEL PH	ys. Director Phys. 23D. ADDRESS
F or A or	NAME (Type)	Cond Community Cont and the Contract of the
O HOSPI Page 4 r O FUNER	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CE	
5 5 5 p	Burial 5-19-69 Oak Laun	emetery Balto. md.
VR A1	25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
	MAT 66 CO	Thelmale Hoffmann 3218 Hudson St

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. DECE	ACED MARK						ALE UF DEAL			U		
		First		Mic	ddle		Lost	2o. DATE	OF DEATH			2b. HOUR
(1)	e ar print)	Kemp	O. Ne	ttie	Nett	cie C.	Kemp	1	lay Month	23 Day	69 Yeor	712441
3. SEX	Special Section		4. RACE				S. DATE OF BIRTH		6. AGE (In	years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	F.M.	100	Whit	e			Dec. 18,	1888	80 pint	ndoy)	MONTHS DAYS	HDURS MIN
	THPLACE (State or 1	fareign 7b	. CITIZEN OF W	VHAT COUNTRY	Y?	8. MARRIED F	NEVER MARRIED	9. COUNTY	OF DEATH			
country	Maryla	and	U.S.	A.		WIDOWED		Balti	Lmore			M
10. CITY	OR TOWN OF DEA	TH	11,1	NAME OF HOSP	ITAL OR INST	ITUTION (If no		USUAL OCCUPAT	ON (Kind of w	ark dane	12b. KIND OF	
1	Noodstoc	k	give	offutt	Rd.	Woods	tock Md. during	House	Wireven i	f retired.)	INDUSTRY	
13a. USI odmissio	UAL RESIDENCE (WI	here deceased	lived, if institu 13b. COUNTY	otion: Residen	ce before	13c. CITY OR	WEC [NO X 13e	STREET AND N	NMBER Rd.	No Numb	er
14. FATI		rifst	Middle icola		Lost		MOTHER'S MAIDEN NAM	ME First riss	C. Ma	Middle B.T.y		Last
	AS DECEASED EVER			16b. SOCIAL	SECURITY NO). 17. IN	IFORMANT			Address		
Yes,	no, or unknawn)	(If yes give war or	dates at service)	21204	0-597	8 Mr	s. Gladys F	Ridglev	Offutt	Rd.	Woodsto	ck Md.
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	inditions, if any, w	hich agua		A .	,						104	500-
			(b).	CHAR	B576	55 19	EUHUS				1071	EN145
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Loring Byers Chapel 8728 Liberty Rd.Randallstown

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the foreral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept, af Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after. Page 4 may be retained by the haspital or attending physician.

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TO DEPUTY DICAL EXAMINER: necessary, please execute the cert the funeral directar. Page 4 shault 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shoult Health priar to burial, cremation	V	AT WORK	OT WHILE foct	ory, office buildin	g, etc.)		SHE'C	2 100	la en est	City or Town		Mark C		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND 21201 06553

1,0000			CER	HIFICALE	OF DEATH				
1. DECEASED-NAME	First		Middle	Los	t	2a. DATE	OF DEATH		2b. HOUR
(Type or print)	HERMA	N		KIESI	ING, JR	M	AY Month 20,	Doy 1969 Year	5:10 a
3. SEX		4. RACE			OF BIRTH		6. AGF (In years		IF UNDER 24 HRS.
MALE		WH	TTE		4/13/12		last birthday)	YRS. MONTHS OAY:	S HOURS MIN
o. BIRTHPLACE (State	ar fareign	7b. CITIZEN OF WHAT	COUNTRY? 8. N	ARRIED NEV	R MARRIED 💢	9. COUNTY	OF DEATH		
MARYLANI		U.S.		DOWED 🗌	DIVORCED _]	BALTIMORE		M
O. CITY OR TOWN OF	ARD	give street	OF HOSPITAL OR INSTITUT of address) RANS ADMIN	HOSPIT	AL SHOE	UAL OCCUPATION	ON (Kind af wark d na life, even if retir RMAN	ane 12h KIND (OF BUSINESS OR
3a. USUAL RESIDENCE (Idmission) STATE	(Where decease	d lived, if institution:	Residence before 13c.	CITY OR TOWN	13d. INSIDE CITY	LIMITS? 13e.	STREET AND NUMBE		
MARYLANI		BALTTMO	RE I	BALTTMOF	E YES X	NO 🗌	1812 MIDD	LEBOROUG	H ROAD
4. FATHER'S NAME	First	Middle	Lost	IS. MOTH	R'S MAIDEN NAME		Midd		Last
	ERMAN		KIESLING		K	ATE	- 1	-	HORN
160. WAS DECEASED E		ED FORCES? 16	b. SOCIAL SECURITY NO.	17. INFORMA	NT		Addre	SS	
Yes no of unknow	WW			CLINI	CAL RECO	RDS, V	AH, FT. H	OWARD, MI	D.
Conditions, if an rise ta immedia stating the und last.	y, which gave)	DUE TO, OR AS A (b) HYP DUE TO, OR AS A	CONSEQUENCE OF CONSEQ	CARDIOV	ASCULAR I				n Onset and death
PART 2. OTHER S			G TO DEATH BUT NOT RE	MED 20a	AUTOPSY? ES NO	20b.	VEN IN PART 1(a) IF YES, WERE FINDINGES OF DEATH?	NGS CONSIDERED IN	CERTIFYING
OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. A	Nanth Day Year	21c. HOW INJU	RY OCCURRED (Ent		ijury in Port 1 or Po	rt 2, Item 18.)	
While Nat w	hile ark	(0)	HOME, FARM, STREET, FACTORY,) ICE BUILDING, ETC.				ty or Tawn	County	State
saw the	deceased ali	ve an MA	ed the deceased fr Y 20 19 6	9, and that		69_, ta_ oinian death	MAY 20 , accurred an th	, 19 <u>69</u> , tho e date and hav	はない (we) last rand fram th
22b. SIGNATURE	Things	U Skin	$m_i P$.	DEGREE PI	YS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED 5/20/6	9
22d. PHYSICIAN'S NAME (Type	SUNG :	Til SHIN,	M. D.	22	VAH, FT.	HOWARI	D, MD.		
23a. BURIAL, CREMATI REMOVAL (Specify BUR LAT.)	5	122/69	23c. NAME OF CEMEN	ORE NAT	ONAL	BAL	TION (City ar Tawn) TIMORE, M	(Caunty)	(State)
24 FUNERAL DIRECTO	. Zann	end	ZANNINO FU		IOME ALAN	BY REGISTRAR	25b. REGIST	AR'S SIGNATURE	ye

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foreral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 haurs aft Page 4 may be retained by the hospital or attending physician.

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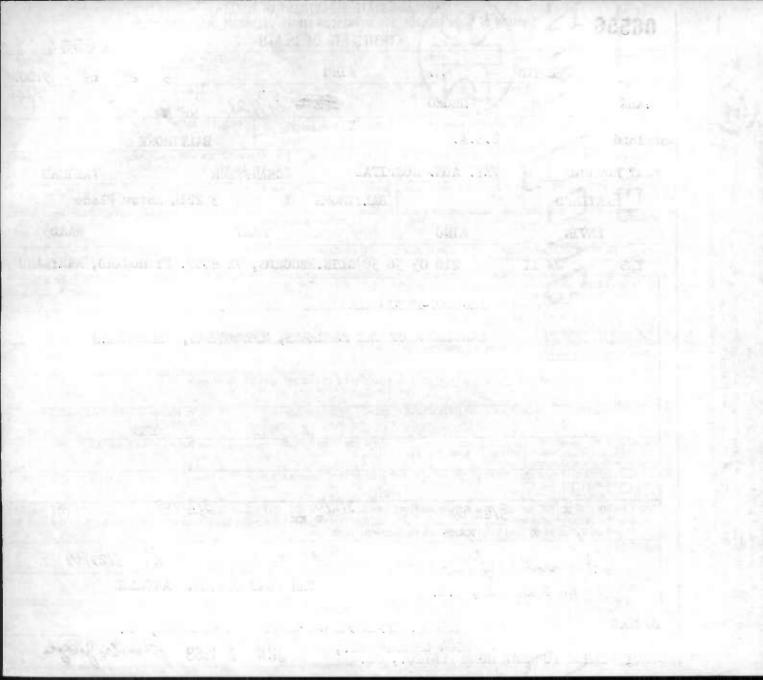
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06557 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06555 CERTIFICATE OF DEATH FilmG1173 6/2/60 km . DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month 22 Doy Elsie Kirby 05 69Yeor nmi 0:45 3. SEX S. DATE OF BIRTH 4 RACE 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Female White 3-4-91 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED tarban papers. USA Baltimore Baltimore WIDOWED TX DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Randallstown General INDUSTRY House Wife event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Bal to Md. Randallstown NO X 8603 Allenswood Rd. in any e 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost WIZZIAM/WAZŁOM/KIYBY Henry Clark Mary E. (Sheldon) andi 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or upknown) (If yes give wor or dotes of service) ar remayal. 213-05-9155 B Mrs. Patricia Christ 8603 Allenswood Rd. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s). PART I. DEATH WAS CAUSED BY crematian, Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) priar ta l 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Health p NO [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor af (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work State 220. I certify that (I) (this hospital) extended the deceased from sow the deceased olive on 19 sow the deceosed olive on 19 (and thot in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify)
Burial Lake View Memorial Park. Liberty Rd. Carroll Co. Md. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 26 1969 Loring Byers 8728 Liberty Rd. Randallstown

MARYLAND STATE DEPARTMENT OF HEALTH

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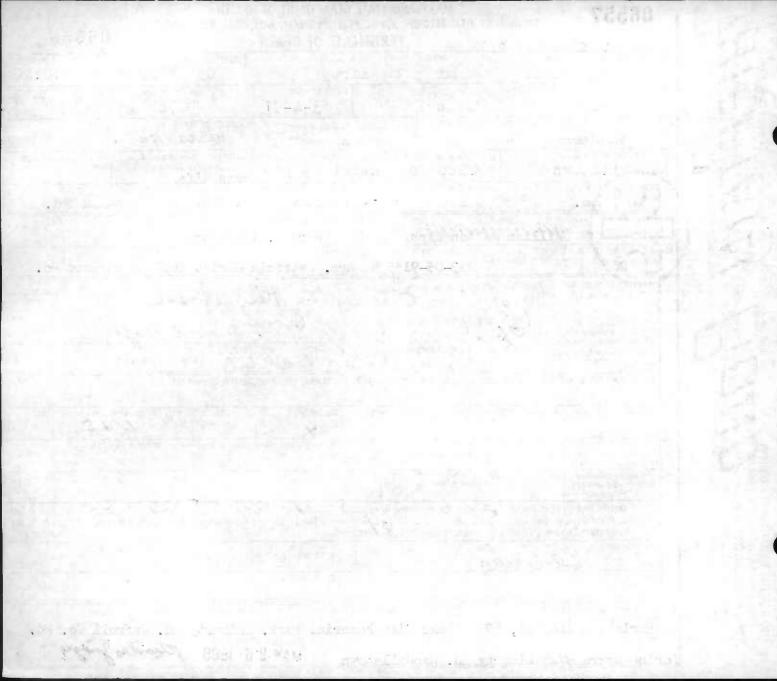
executed within 24 haurs

the death certificate be

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FOR STATE HEALTH DEPT.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Sive Rages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the first state of the forwarded to the first state of the first state o TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depart Health prior to burial, cremation, or remaval, and in any event within 72 hours after death. 5 may be retained far your files.

VR A15ME (3) 10M REV. 1/68

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

116558 MEDI	CAL EXAMINER'S	CERTIFICATE	OF DEAT	H	0 (6556	
1. DECEASED-NAME (Type or Print) BERTHA	MA-(KIRCE		20. DATE KNOWN SOF ESTI- DEATH MATED	Month Do		2b. HOUR
3. SEX F 4. RACE S. DATE OF BI	3-03 6. AGE (In ye	HORS IF UNDER 1 YEAR BY MONTHS DAYS "YRS.	IF UNDER 24 HRS HOURS MIN	2c. DATE PRONOUNCED	DEAD Day	Year 19 69	2d. HOUR
7o. BIRTHPLACE (Stote or foreign country) 7b. CITIZEN OF W	S. A		ORCED 🗌	0	7250	,	Md
BALTO. give	NAME OF HOSPITAL OR INSTITU street oddress) 5915 \rightarrow	PONTGOME	CH during most	OCCUPATION (Kind of wa	rk done 12b etired.) IND	D. KIND OF BUSI	NESS OR
13a. USUAL RESIDENCE (Where deceased lived, if insti- odmission) STATE 13b. COUNTY		city or town tonsville	YES NO X	13e. STREET AND NUMI 5915 Mon		y St.	
14. FATHER'S NAME First Middle Henry X X	KETTLEBAND	IS. MOTHER'S MAI	ter Z	-7	dle	LE BA	かって
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 213-34-3323	17. INFORMANT 3 MAR-1 E.	WILLIA	ns 591		TGOME	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMCDIATE CAUSE (a)		ORONARY	000	LUSION		APPROXIMATE BETWEEN ONSET	AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause DUE TO, O lost. (c)	R AS A CONSEQUENCE OF	A.cut:				1 71	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO BE	TED TO THE TERMINAL DELLIT US		TION GIVEN IN PART 1(0)	BLINI	NESS	
190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS 21b. TIME O	19b. CONDITION FOR WHICH WAS PERFORMED?	OPERATION		a we		20. AUTOPSY	? NO 🔀
₹ PRIMARY OR CONTRIBUTING HOUR A	F INJURY Month, Day, Year A.M. P.M. 19	21c. HOW INJURY O	CCURRED (Enter no	oture of injury in Part 1 ar	Port 2, Item	18.)	
VHILE NOT WHILE AT WORK AT WORK AT WORK	(At home, form, street, ng, etc.)	21f. LOCATION Street	or R.F.D. No.	City or Town	(County	State
22a. I certify that I taak charge af death resulted fram: Natural countries of the T. Countries of the Signature EXAMINER'S NAME (Type)	the remains described obuses . Accident . D. Workey M.D. F. SCHAE	, Suicide □, CHI CHI		, Undetermined r INER XAMINER MINER MINER MINER MINER MINER MINER MINER MINER MINER	nanner		, opinian
23o. BURIAL, CREMATION, REMOVAL (Specify) 5/9/69	23c. NAME OF CEMEN	TERY OR CREMATORY Cemetery	23	Baltimore		unty) (St	ate)
24. FUNERAL DIRECTOR Witzke, 4101 Edmondson	ADDRESS	VSIIIO VET Y	2Sa. REC'D BY I		SISTRAR'S SIGN	VATURE	

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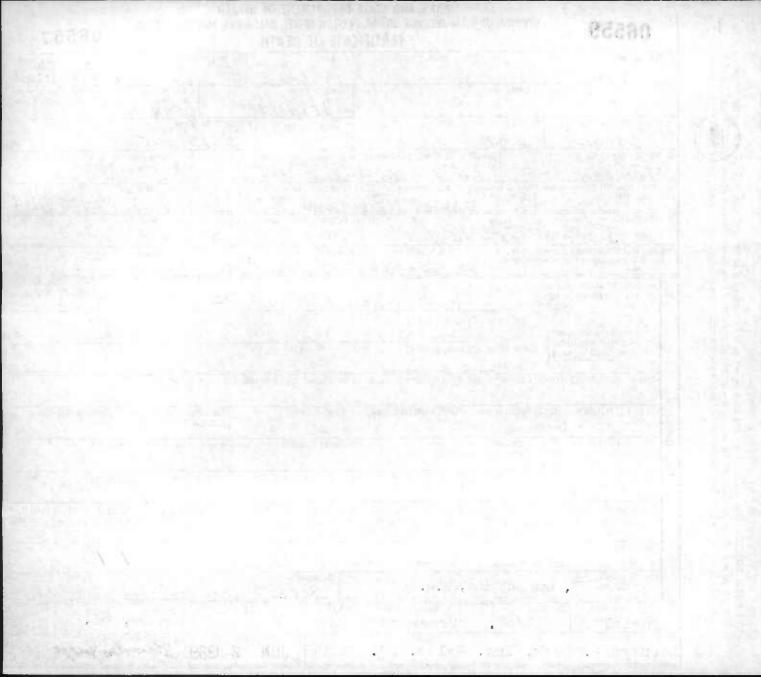
ADDRESS

AFMOVAL (Specify)

24. FUNERAL DIRECTOR

5/31/69.

Leonard J. Ruck, inc. Balto. Md. 21214



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06558

1. DECEAS		First		Middle	1.7.1	Lost	2a. DATE OF			2b. HOUR
(Type	ar print)	RUBY		В.		KITCHEN	May	Manth 31, Day	1969gar	7 25
3. SEX			4. RACE	14-14-14		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 PRS.
F	emale		Whit	е		9-12-1886		lost birthdoy) 82 YRS.	MONTHS CAYS	HOURS MIN
7a. BIRTH country)	IPLACE (State a		. CITIZEN OF WH	IAT COUNTRY? 8.	MARRIED X	NEVER MARRIED	9. COUNTY OF	DEATH		
coomings	Georgi	.a	U.S.A.		VIDOWED [Balti	more		Mo
	OR TOWN OF DI			ME OF HOSPITAL OR INSTITU				(Kind of wark dane	12b. KIND O	F BUSINESS OR
	alethor	-		02 Woodside				life, even if retired.)		
odmission	STATE Ma	ry land	13b. COUNTY B		c. (ITY OR T			REET AND NUMBER O2 Woodside	e Avenu	ıe
14. FATHE	R'S NAME	First	Middle	Lost	15.	MOTHER'S MAIDEN NAME	First	Middle		Lost
	Robe	ert H.	Heath			Dora	T. Hul	bert		
16a. WAS	DECEASED EVE	R IN U.S. ARMED	forman do sately a	16b. SOCIAL SECURITY NO.		FORMANT		Address		
No	a, or unknown)	(ii yes giro wai e	1 40/65 01 36141(6)	217-01-7800	B Mr	. Ardelle K	itchen,	1802 Woods	ide Av	re. 2122
18.	CAUSE OF DEA	ATH (Enter anly	one cause per lin	ne for (a), (b), and (c).)			1	,		OMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	I WAS CAUSED B	Y: CAUSE (a)	ardio (ce	Seeler.	des	ease	5	481
6	2500	7		S A CONSEQUENCE OF	C+ /	typose	ev21	00001	1/	1
	ditians, if any/		(b)	Deal		900	Mio	Oleter	05	-1555
	ta immediate ing the under			S A CONSEQUENCE OF	1	40480		1		12 1211 1
last.)	(c) C	ler Cerli	cre	156	1cm)2	reun Se	poler.	one
PAR	T 2. OTHER SIG	NIFICANT CONDI	TIONS CONTRIBUT	TING TO DEATH BUT NOT F	ELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
NO.										
CERTIFICATION 210	DATE OF OPERA	TION 19b. CO	NDITION FOR WHI	CH OPERATION WAS PERFO	RMED	20a. AUTOPSY? YES NO	CALICES	YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN	CERTIFYING
		S UNDERLYING	21b. TIME OF		21c. HO	W INJURY OCCURRED (Ente	er nature of inju	ry in Part 1 or Port 2, I	tem 18.)	
		CAUSE OF DEATH edical examiner	HOUR A.M. P.M.	Manth Day Year						
	. INJURY OCCUI	RRED 21e. PL		AT HOME, EARM, STREET, FACTORY OFFICE BUILDING, ETC.	21f. LOC	ATION Street or R.F.D. No	o. City	or Tawn	County	State
			haspital) atte	ended the deceased	ram	194	24. to	DIN 31 190	Ext tha	t (D) (we) last
	saw the d	leceased aliv	e an G1	(did not) view the bac	2, and	that in (my) (aur) apeath.	iman death o	accurred on the da	le and haur	and fram the
22b.	SIGNATURE 3	Erren	Man	the mh	DEGRE	ATTENDING PHYS.	MED.	STAFF PHYS. 22c. I	ATE SIGNED	69
22d.	PHYSICIAN'S NAME (Type)	Dr. Br	uce B.	Brumbaugh		22e. ADDRESS		eet, Elkric	lge, Md	1.
REM	IAL, CREMATION OVAL (Specify)			23c NAME OF CEM Loudon Pa	etery or c	REMATORY metery		ON (City or Town)	(Caunty)	(State)
	RAL DIRECTOR	1 6-3	-1969	ADDRESS			BY REGISTRAR			
		Hubbard	4107 V	Vilkens Ave.	212			25b. REGISTRAR'S	My Your	igh.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pageshauld be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital ar attending physician.

executed within 24 haurs after death.

	3	TANK TO S			
		984.64			Pendie
				.4.8.	2 2
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de lo Aresuc	ort out Ellen	Settout 9	all or all	e Euros	
	r 1	301)			120
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				2. A.	
PANEL ST		2	DAY A	and one	131316
listinge, Md.	0 - 22		ii	. Jawas 3.	T Laboratory
dery load wash	9% J.J. 35	10.10.40	STATE makend	and the second second	

06561 CERTIFICATE OF DEATH 2n. DATE OF DEATH 1. DECEASED-NAME Middle HOUR (Type or print) NOSEPH KLESZCZEWSKI S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 4. RACE 6. AGE (In years and completely filled in by the fremove carban papers. Pages n any event, within 72 haurs after DAYS lost oirthday) MONTHS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CIJIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Baltimore County, WIDOWED | DIVORCED [IO CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life even if retired.) Mount Wilson St. Hosp. and in any event, 139. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY YES 🗀 14 FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Lost ESZCZ 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknown) (If yes give war or dates of service) 215-10-8283A Records. cremation, or remaval, Mt. Wilson State Hospital 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: erebral-vaccular accident DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION, GIVEN IN PART 1(a) · Kup erlensive cardin-Health priar ta CERTIFICATION 19b. ONDITION FOR WHICH OPERATION WAS PERFORMED 20g, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year to P.M. (If either, notify medical examiner) 21d INIURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21e. PLACE OF INJURY City or Town Stote County While Nat while of wark 22a. 1 certify that (I) (this haspital) attended the deceased tram (s. 25°, 1985, ta 5, 17, 1964, that (I) (we) last saw the deceased olive an 5°17, 1969, and that in (my) (our) apinian death accurred an the date and haur and fram the with the causes stated obave, (1) (we) (did) (did nat) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) am Newcomer. Mount Wil son, Maryland 23d. LOCATION (City or Town) 23o. BURIAL CREMATION NAME_OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) ST. STANISLAUS (EMETER 10 LTIMORE ADDRESS REGISTRAR'S SIGNATUR FUNERAL DIRECTOR

requires that the death certificate be executed within 24 haurs after death physician and burial-transit þ physician. signed ! attending the has been OS use by the haspital ar this certificate far detached TO FUNERAL DIRECTOR: After shauld be retained 3 director, page 3 shauld be filed v Page 4 may

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hillien heutende, but the short will son, sere and the

and the second of the second o

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN ONSET AND GEATH

YES 🗍

County

25b. REGISTRAR'S SIGNATURE

BY REGISTRAR

NO X

Stote

ond in my apinion

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06561

	00000			CERTIFIC	ATE OF DEAT	TH .					
(DECEASED-NAME Type or print)	First Marie An	Middle nalie Seuc	chting	Lost Korff	20.	DATE OF Ma	DEATH y 1964, 1969	9 Yebr	řž a.	HOUB N
3. S	female	4. RACE	white		S. DATE OF BIRTH Nov. 13	3, 187	7	6. AGE (In years lost birthdoy) YRS.	MONTHS DAYS	IF UNDER HDURS	R 24 HRS. MIN
	BIRTHPLACE (State or foreignintry) Md.	76. CITIZEN OF U.	WHAT COUNTRY?	8. MARRIED [WIDOWED [NEVER MARRIED DIVORCED	9. CO U	INTY OF Ba	DEATH ltimore			Md
(Catons ville	gi	NAME OF HOSPITAL OR ive street address) SPRING GROV	VE STATE		USUAL OCCU ng most of v house	UPATION working WITE	(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS	S OR
13a. odm	USUAL RESIDENCE (Where on sission) STATE Md.	leceosed lived, if inst 136. COUNT	itutian: Residence befar y	Balto		NO CITA FIWILZS		REET AND NUMBER	Avenue		
14.	FATHER'S NAME First William	Middle Seuchting	e Last	15.	. Mother's maiden na Marie	ME First		Middle	Muel	ler	
160	. WAS DECEASED EVER IN U.S. Yes no or unknown) (If ye	s give war or dates of service)	16b. SOCIAL SECURIT 219-54-3		NFORMANT Records: SF	PRING	GRO	Address E STATE H	OSPI TAL		
	18. CAUSE OF DEATH (En- PART 1. DEATH WAS (A	AUSED BY: MEDIATE CAUSE (a) DUE TO, O (b) DUE TO, O (c)	Arterioscl OR AS A CONSEQUENCE (Congestive OR AS A CONSEQUENCE (Heart bloc	erbtic of heart of heart ok	failure				BETWEEN D	NSET AND I	DEATH
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY? YES NO	0 📆		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYIN	G
MEDICAL CER	21a. ACCIDENT WAS UNDED ☐ DR CONTRIBUTING ☐ CAUSE ((If either, notify medical e	DF DEATH HOUR A.I		or 19	W INJURY OCCURRED	(Enter nature	e of injur	y in Part 1 or Part 2,	Item 18.)		
N	21d. INJURY OCCURRED While Not while at work		AT HDME, FARM, STREET, DEFICE BUILDING, ETC.		CATION Street or R.F.D.			or Town	County		State
		ed alive an	tended the deceded May 16 (did not) view th	19 69 ond	that in (my) MeXr)	opinion o	to death o	ccurred on the de	ate and hour	名) (wond fro	e) lost om the
	22b. SIGNATURE	du L. Sh	rovolde	MD , DEGRE	ATTENDING PHYS.	MED. DIRECTOR		STAFF PHYS.	DATE SIGNED 5-16-69 OSPITAL		
		omidis L.	Pirovolid:	is, M.D.				Maryland			
23a.	BURIAL, CREMATION, TREMOVAL (Spenify)	23b. DATE 5/17/60		F CEMETERY OR C	CREMATORY emetery	23d. Ba	LOCATIO	N (City or Town) More, Mo	(County)	(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending obvisition and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. P shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 habi

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

and campletely filled in by

24. FUNERAL DIRECTOR
Ann Donovan-3818 Roland Ave.

250. REC'D BY REGISTRAR
DAMAY 1 9 1969

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06562

	ECEASED-NAME	First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
(Type ar print)	12	Louise	Kraft.	Manth D	oy Year 730, M
3. S		4. RACE	LOULSE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	2				last birthday)	MONTHS DAYS HOURS MIN.
	emalz		white	May 29,18		
/a.	BIRTHPLACE (State or foreign		MAKI	RIED NEVER MARRIED	9. COUNTY OF DEATH	
	Maryland	U.S.A.	WIDO	WED 🔣 DIVORCED 🗌	Baltimore	Md.
10.	CITY OR TOWN OF DEATH		E OF HOSPITAL OR INSTITUTION		UAL OCCUPATION (Kind of work dane	
	tonsville	, 1		wurs. nome	most of working life, even if retired.	industry at home
	USUAL RESIDENCE (Where dissign) STATE	leceased lived, it institution		Y OR TOWN 13d. INSIDE CITY	NO 🗆	
	Mary	and / Ho	ward Elli	cott City YES	NO X Church F	ld.
14.	FATHER'S NAME First	Middle	Last	1S. MOTHER'S MAIDEN NAME	First Middle	Last
	Charles	H. Schotta		Car	oline Schwein	sherg
160	. WAS DECEASED EVER IN U.S		6b. SOCIAL SECURITY NO.	17. INFORMANT		
,		s give war or dates of service)	89 - IVI 0201	D- MI T3 TV	Church Ro	وا
-	no			Dr. Thomas F. He	erbert Ellicott	City Ma 270/3
	18. CAUSE OF DEATH (Ent	er anly ane cause per line	far (a), (b), and (c).)	, , , , , , , , ,		BETWEEN ONSET AND DEATH
	PART I. DEATH WAS C	MEDIATE CAUSE (a)	Terroscherot	c Cardio V4	scular dispose	10 Grs.
	4124	DUE TO, OR AS	A CONSEQUENCE OF			
	Canditians, if any, which g	jave)				ET THE THIRD
	rise ta immediate cause		A CONSEQUENCE OF			
	stating the underlying co	JUSE TO, OK AS	A CONSEQUENCE OF			
	_	, (c)				
	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(a)	
×						
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a. AUTOPSY?		CONSIDERED IN CERTIFYING
E	~	~		YES NO E	CAUSES OF DEATH?	_
E.	21a. ACCIDENT WAS UNDE	RLYING 216. TIME OF I	NJURY 2		ter nature of injury in Part 1 or Part 2	2. Item 18.)
₹	OR CONTRIBUTING CAUSE (Manth Day Year	~	,	
MEDICAL	(If either, natify medical e		T HOME, FARM, STREET, FACTORY.\\ 2	I LOCATION CA A DED A	- Ch - T	Caraba
	While Nat while	ZIE. PLACE OF INJURY	FFICE BUILDING, ETC.	1f. LOCATION Street ar R.F.D. N	Na. City ar Tawn	Caunty State
	at wark at wark					
	22a. I certify that	(this hospital) atter	ded the deceosed fran	July 12, 19.	57, to May 16, 1	9.69, thot (1) we) lost
1	saw the decease	ed alive on	16 1969	and that in (my) (our) o	pinion death accurred on the	date and haur and from the
		bove (1) (we) (did) (d	lid not) view the body of	ter death.		
	226. SIGNATURE	001	1 1 1 -	ATTENDING -	MED. STAFF 122	c. DATE SIGNED
	Momas	Y. Her	but, M.D.	DEGREE PHYS.	DIRECTOR PHYS.	5-11-67
	22d. PHYSICIAN'S	- 1	1 /	22e. ADDRESS	1 2/ 511	101 111
0	NAME (Type) ThE	mas F. H	erbert H	D 3779 CA4	ich Rd. Kllicoff	4h Md 21043
230	BURIAL CREMATION.	23b. DATE	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
200	REMOVAL (Specify)					
24	Burial I	5/19/1969	St. John		BY REGISTRAR 25b. REGISTRAN	Howard Md
24.	FUNERAL DIRECTOR hom	Slack El	licott City,	Md.		
				DATE	Y 2 0 1000 ml	wells D. com

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, cremotion, ar remaval, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours, after death Page 4 may be retained by the haspital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06563

1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE 44 b. COUNTY
Baltimore MARYLAND	Maryland Baltimore
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
37 Haddington Road	37 Haddington Road YES NOW
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) (harles A	ramer Ir. DEATH May 5 1969
5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8	B. DATE DE BIRTH 9. ACE (In Fears FUNDER 1 YEAR FUNDER 24 HRS. Months Days Hours Min.
1Da. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
Jalesman Paint (ompany	Maruland COMMITTY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles A. Kramer Sr.	Henrietta Louise Dressel
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) 215-07-4098	Family records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardia	l infarction DNSET AND DEATH
4100 DUE TO	
	cardiovascular disease Nov. 1968
gave rise to Immediate	
cause (a), stating the Benign essential	hypertension
	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY
TA	PERFORMED?
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE DF INJURY (Home, farm, 20f, (City or town) (County) (State)
Hour a.m. While Not While factor	y, street, office bldg., etc.)
	2 - 6 W - 5 - 6 0 W - 5
	ovember 8, 1968, to May 5, 1968, that (1) (we) last
saw the deceased alive Dn May 5 19 69, and that	death occurred at 9:30M, from the causes and on the date stated above.
Vorald O word M. M.O.	ATTENDING MED. MED. DIRECTOR PHYS. 5-7-69
22c. PHYSICIAN'S NAME (Type) DONALD O. WOOD, M.D.	York Rd. and Greenmeadow Dr., Timonium
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	
REMOVAL (Specify) 5/8/60 Coccomment (amadaan Ralea MU
24. FUNERAL DIRECTOR ADDRESS	emetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE
John Burns Sons Towson, M.d.	DATEMAY 12 1968 junantes yusge

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37 Haddington pad

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tennicita louise ressel

solemen faint gonpary Manyland

Charles A. Knomer Sr.

ves 142 215-07-4098 Family Records

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ohn urns ions Tomson

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O DEPUTY

VR A15ME (5)

06566

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		CEASED-NAME	Firs	1	Midd	lle		Last				Day Year	2b. HOUR
	(1	ype or Print)	T	FREB	MORE	2TS	KRAN	ÆR			OF ESTI-	28 189	12:20
	3. SF	Χ	4. RACE	S. DATE OF BI		6. AGE (In ye		DER 1 YEAR	IF UNDER	24 HRS.	2c. DATE PRONOUNCED DEAD	20 05	2d. HOUR
					7,93	last birthda	y) MONTHS	OAYS	HOURS	MIN	Manth Day	Year	
-		ale	White				1 K.J.	7		4 400	May	28 19 69	9 12:10
		SIRTHPLACE (State		7b. CITIZEN OF WI	HAI COUNTRY?	8.	MARRIED [9. COU	NTY OF DEATH		
	Cuom	"calif	ornia	USA		1	WIDOWE]X[Ma er	ORCED 🗌	B	alto.		Md.
1	10. CI	ITY OR TOWN OF	DEATH		IAME OF HOSPITA	L OR INSTITU	TION (If nat	in hospitol				12b. KIND OF BUS	INESS OR
1		Wood	l atam	give	street address) Liday He	alth i	Club		during	Ret	working life, even if retired.)	Archite	ect
7	13a.	USUAL RESIDENCE	E (Where decea	sed liyed, if instit	utian: Residence	before 13c.	CITY OR TOV	/N 1:	3d. INSIDE CITY L	LIMITS?	13e. STREET AND NUMBER		
7	od	lmissian) STATE-	DC.	JSb. COUNTY			shing		YES N	10	3128 Westower	Dr. SE	1500
F	4. F/	ATHER'S NAME	First	Middle	9	Last			IDEN NAME	First	Middle	Last	
2			Georg	e	Kramer				Ma	rie	Str	ohimer	
7	60 V	WAS DECEASED EV	ER IN U.S. ARMED		16b. SOCIAL SEC		17. INFOR	MANT	2,200	7 20			
Π,		es no, ar unknaw		war or dates of service)	100. SOCIAL SEC	OKITI NO.			, _		ADDRESS Daly		
-		1// 0					Irv	in r	rame	r-2	31-Acton St.	LELII (
				nly one cause per								BETWEEN ONSET	AND DEATH
		PART I. D	EATH WAS CAUSE	D BY: ATE CAUSE (a)	Arter	ioscle	erotic	card	diovas	cula	ar dissase		
		4/0	4		AS A CONSEQUE	NCE OF	AC.		P154, 1	A) (A			
1			ny, which gave) (6)								0.7	
			derlying couse	(b)	R AS A CONSEQUI	ENCE OF							
		last.	derlying couse										
			I CALLET CALLE	(c)		UT MOT BELL	TED TO THE						
		PART 2. UTHER S	IGNIFICANT CONL	THORS CONTRIBUT	ING TO DEATH B	UI NUI KELA	IED TO THE	IEKMINAL I	DIZEAZE OK C	CONDITIO	N GIVEN IN PART 1(o)		
	8	10 0475 05 0	DED 4 TION		Tiel countries	L COD MUNCH	OPERATION					Loo AUXORS	10
1	CERTIFICATION	19a. DATE OF O	PERATION		19b. CONDITION WAS PERF		UPERATION					20. AUTOPSY	
1							12751					YESKEX	NO
		210. EXTERNAL			INJURY Month, D	ay, Year	21c. HOW	INJURY O	CCURRED (En	iter natui	re af injury in Part 1 ar Part 2, Ite	m 18.)	
	MEDICAL	CAUSE OF DEAT	r contributing (H		.m. .M.	19							
	ME	21d. INJURY OCC	URRED 21e.	PLACE OF INJURY		street,	21f. LOCA	TION Street	or R.F.D. No.	100	City or Town	Caunty	State
		AT WORK	OT WHILE T	ctory, office building	ng, etc.)								
				took charge of t			aua bald	mm Araba	VV	Loc	- satisfied Discouring D		
										-	pection , Inquiry .	, ona in m	y opinion
		deoth re	sulted from:	Noturol cau	ses I XIX A	ccident	J, Suicio	de,	Homicid	le,	Undetermined manner		
			FIL	17	11	_		CH	IEF MEDICAL	EXAMINE	R 🔲		
		ACTUAL SIGNATURE	900	107 7	VOI	Y		M.D. ASS	SISTANT MED	ICAL EXA	MINER XX 22b. DATE S	IGNED	
2		EXAMINER'S						DEI	PUTY MEDICA	L EXAMI	NER	May 28.	1969
4		NAME (Type)	Edwar	d F. Wil	son M	D		AD	DRESS(Street	, city, to	wn, or caunty)		
-	23a.	CREMAT		. DATE		ME OF CEME	TERY OR CRE	MATORY		23d	LOCATION (City or Town)	(Caunty) (S	itate)
		(Speci		y 31-19		dar H			ator		Suitland, Mar		
+	24.	UNERAL DIRECTO			-	ADDRESS			2Sa. REC'I				
	.16			1661-	CA II.	_	3 CT	asn.	STATE	1 9	1969 Killands		
1	0]	LIMMONS	pros.	T001-	Gu. Ho	he uc	To of	• DC	DATI	6	1303	0	

Ad the THE RESERVE OF THE PARTY OF THE STREET, STATE AND THE STREET, STREET OF STATE AND THE COM-CERNE AND THE PROPERTY OF THE

06567 1. DECEASED-NAME First Middle (Type or print) Emma Krauss 3. SEX 4 RACE S. DATE OF BIRTH 5/14/04 Female Caucasian 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED Maryland U.S.A. WIDOWED [DIVORCED etely filled within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Greater Balto. Med. Center pau Towson event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN executed cample Maryland | 13b. (OUNTY Baltimore YES remave Towson in any 14. FATHER'S NAME pup William Henry Keigler The law requires that the death certificate be please signed by the attending physician burial-transit permit. Then please burial, crematian, ar remaval, and i 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes na, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Bilateral bronchopneumonia DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate couse (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF attending physician. has been the Health prior to Pulmonary embolus and carcinoma of breast 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? YES [certificate ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED TO FUNERAL DIRECTOR: After this While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 4/25 5/7 saw the deceased alive an_ be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS John E. Adams, M.D. NAME (Type) director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23b. DATE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06565 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR Month 69 Year 3:35PM 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last hirthday) HOURS MONTHS 9. COUNTY OF DEATH Baltimore 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Housewife 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER NO J 601 St. Francis Road IS MOTHER'S MAIDEN NAME First Middle Last Mary Heer 212-09-0173B W.Kemp Lehmann 601 St. Francis Rd. 21204 BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🖂 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State . 19.69 to __19.69 , and that in (my) (aur) apinian death accurred an the date and haur and fram the 22c. DATE SIGNED 5/8/69 DIRECTOR 6701 N. Charles Street 23d. LOCATION (City or Town) (State) REMOVAL (Specify)
Burial Dulaney Valley Memorial Cockeysville, Maryland Willer Cook-Brooks Towson 1050 York Rd. 21204/ 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

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Item 18 Film 413 6-10-69amMARYLAND STATE DEPARTMENT OF HEALTH

death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	,,,,,,			CERTIFICA	TE OF DEATH		065	67
	ASED-NAME First e or print) NICHOL	LAS E	Middle	LE COM		2a. DATE OF DEATH Month	Pay 69 Year	2b. HOUR
3. SEX	M	4. RACE			DATE OF BIRTH 9-28-18	85 6. AGE (In year last birthday	y) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
country	THPLACE (State or foreign	7b. CITIZEN OF WA		8. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH DALTIMOR	35	M
ID. CITY	OR TOWN OF DEATH SALTIMORE	give s	ME OF HOSPITAL OR II treet address)	- 0	during me	AL OCCUPATION (Kind of work ast af warking life, even if re	dane 12b. KIND OF	BUSINESS OR ELECTRI
	UAL RESIDENCE (Where deceos on) STATE PREYLAND	ed lived, if institut	on: Residence before	BALT	OWN 13d. INSIDE CITY LI	MITS? 13e. STREET AND NUM	BER SECA PK.	RD.
14. FAT	HER'S NAME First	E COMP-	Lost		NOTHER'S MAIDEN NAME F	TURNER MI	ddle	Last
16o. W Yes,	AS DECEASED EVER IN U.S. ARA	MED FORCES? var or dates of service)	16b. SOCIAL SECURITY	NO. W. INF	ORMANT A. Helen Or		dress eca Parle	Rd ,
Co ris	PART I. DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIA Conditions, if any, which gove se to immediate cause (o), oting the underlying couse st.	D BY: ATE CAUSE (a) DUE TO, OR A	S A CONSEQUENCE O	they h	nellitis	schon	>	ONSET AND GEATH
	ART 2. OTHER SIGNIFICANT CON							
RTIFICATI			ICH OPERATION WAS P	PERFORMED	20o. AUTOPSY? YES NO	CALISES OF DEATHS	IDINGS CONSIDERED IN C	CERTIFYING
3 0	Io. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING cause of OEAT f either, notify medical exami	HOUR A.M.	Manth Day Yea		INJURY OCCURRED (Enter	nature of injury in Part 1 ar	Part 2, Item 18.)	
Ý			AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCA	ATION Street or R.F.D. No.	7 1	County	Stote
0	20. I certify that (I) (th	live on M	an	19 (0 % and 1	that in (my) (aux oni	nian deoth occurred an	, 19 <u>67</u> , that	(I) (we) lo
2	couses stated above	e, (I) (we) (did)	(did ŋlot) view the	e bady offer de	ath.			ana tram tn
22	couses stated above	e, (1) (we) (did)	(did not) view the		ATTENDING PHYS.	ED. STAFF IRECTOR PHYS.	22c. DATE SIGNED 5-31-69	and fram th
22	couses stated above	ort J.) L	(did not) view the	DEGREE	ATTENDING PHYS. D	RECTOR STAFF PHYS. Care Phys. Car	22c. DATE SIGNED 5-31-69	(Stote)

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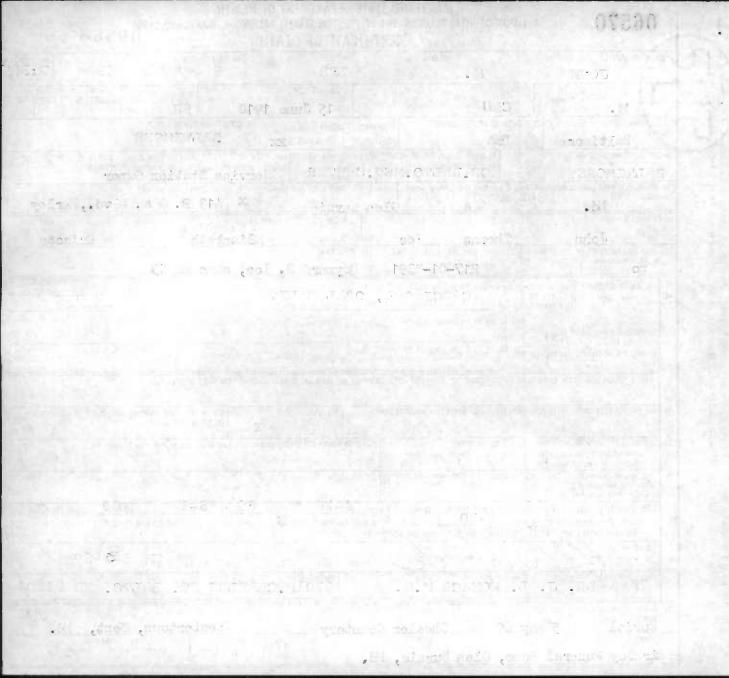
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The same of the sa

06570 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06568 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR 7:30 within 24 hours after death (Type or print) Month 1 Doy 69 Year JOHN LEE M. 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IE LINDER 1 YEAR IF LINDER 24 HRS Jast birthdoy) CAU M. 15 June 1910 completely filled in by 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) BALTIMORE Baltimore TISA WIDOWED | DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give the BALTO MED CENTER during most of working life, even if retired.)
Service Station Owner carbon **LNDHISTRY** BALTIMORE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed admission) STATE M3b. COUNTY ease remove 413 B. & A. Blvd. Marley Glen Burnie in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle low requires that the deoth certificate be John Thomas Lee Elizabeth Briscoe puo 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) removal, attending phys 217-01-2391 Maynard B. Lee, same as APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
CARCINOMA BETWEEN ONSET AND DEATH ORAL CAVITY UNK 0 IMMEDIATE CAUSE (a) crematian. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gave t rise to immediate couse (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? SD 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use (NO 2 YES 🗍 Page 4 may be retained by the hospital or this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (the hospital) attended the deceased from 4-26 saw the deceased glive ap 4-30 19 69 and that in (n 19 69 to 5-1 1969 19 69, and that in (my) (%) apinian death occurred on the date and have and fram the saw the deceased alive ap. causes stated above, (* (we) (and) (did not) view the bady after death. 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR DEGREE 22d PHYSICIAN'S 20. ADDRESS 6701N. CHARLES ST. BALTO. MD 21204 NAME (Type) DR. J. L. WOMACK M.D. director, should be 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Chester Cemetery Chestertown, Kent. 5 May 69 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Kirkley Funeral Home, Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

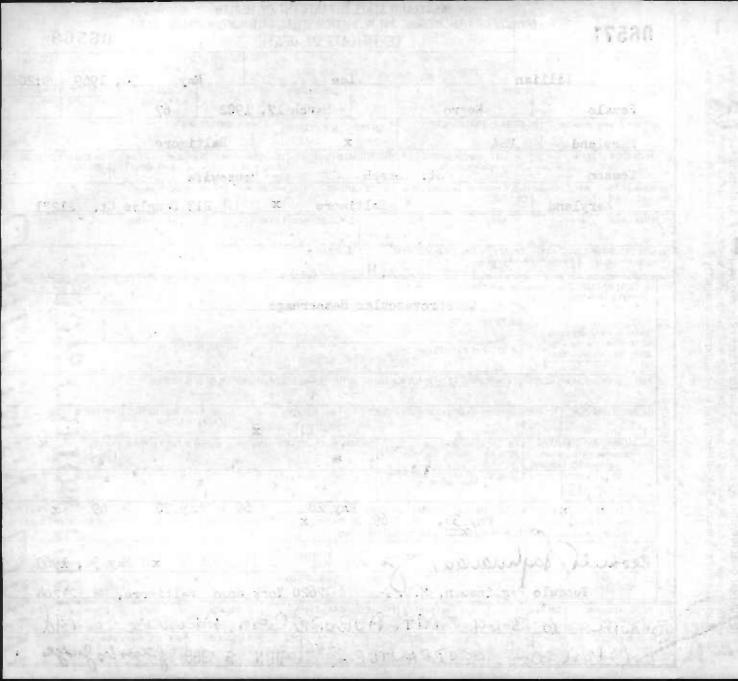
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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				CEIVIII	CAIL OI	PEAIII					
1. DECEASED-NAME (Type or print)	First		Middle		Lost		2a. DATE OF	DEATH Month	Desir	V	2b. HOUR
(14be of billit)	Lill	ian			Lee		l l	av Monin	30	Year 1969	9:204
B. SEX	-174	4. RACE			S. DATE OF B	IRTH		6. AGE (In year	ars IF L	UNDER I YEAR	IF UNDER 24 HRS.
Female		1	Negro		Marc	h 17.	1902	last birthday	YRS. MON	THS DAYS	HOURS MIN.
7a. BIRTHPLACE (State or together)	foreign	7b. CITIZEN OF W	/HAT COUNTRY?	8. MARRIED	☐ NEVER MA	RRIED	9. COUNTY OF	DEATH			
Marylan	d	USA		WIDOWED	DIVO	RCED 🗌	Balt	imore			Md
O. CITY OR TOWN OF DEA	TH	11. N	NAME OF HOSPITAL OR INS street address)	STITUTION (If i	nat in haspital		AL OCCUPATION				BUSINESS OR
Towson			Dr. 10			auring m	ost of working lousewid	even it ret	rred.)	INDUSTRY	
30. USUAL RESIDENCE (W	here decease	ed lived, if institu	tion: Residence before			13d. INSIDE CITY E		REET AND NUME	BER		
dmissian) STATE	land	SB. COUNTY		Balt	imore	YES N	0 21	3 Doug	las C	t. 2	1231
	irst	Middle	Last	1	S. MOTHER'S N	AIDEN NAME	First	Mic	ddle		Last
16o. WAS DECEASED EVER Yes, no, or unknown)		AED FORCES? or or dates of pervice)	16b. SOCIAL SECURITY I	NO. 17.	INFORMANT			Add	lress		
PART I. DEATH 431 9 Canditions, if any, we rise to immediate a stating the underly last.	WAS CAUSED IMMEDIAT which gave cause (o), ing couse	DUE TO, OR (b) DUE TO, OR (b) DUE TO, OR (c) DITIONS CONTRIBU	ine for (o), (b), and (c). Cerebrovas AS A CONSEQUENCE OF AS A CONSEQUENCE OF UTING TO DEATH BUT NO HICH OPERATION WAS PE	OT RELATED T	O THE TERMINA	AL DISEASE OR C	20b. IF	N IN PART 1(0) YES, WERE FINE OF DEATH?	DINGS CONSI		ONSET AND DEATH
21a. ACCIDENT WAS	UNDERLYING	G 21b. TIME C	DF INJURY	21c. H	YES [r nature of inju		Port 2 Item	18)	
OR CONTRIBUTING [CAUSE OF DEATH	HOUR A.M.				(=		,	-,	0932	
While Not while	RED 21e. I	PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	CTORY,) 21f. L	OCATION Stre			or Town		ounty	Stote
sow the de	reased ali	ive on ME	tended the decease 30 1 (difficulty) view the	9 69 on	d that in (, 19 Cy) (our) opi	69 , to Ninion deoth o	ccurred on t	, 19 _(the dote o	ond hour	t (xt) (we) las ond from the
22b. SIGNATURE Floorer	SA	aghua	way,	DEG	REE PHYS.	NG D	MED.	STAFF PHYS.	22c. DATE May	signed 30, I	1969
22d. PHYSICIAN'S NAME (Type) T	eodul.	o Paglir	nauan, M.D.		22e. ADI 762		Road	Baltimo	ore, l	4d 2	1204
23a. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR	23b. D	DATE	23c. NAME OF	, Au	BUR,	V CG	23d. 1064TIC	N (City or Town	n) (f	(aunty)	(State)
24. FUNERAL DIRECTOR	110	00) 10	100 RP NA		AVC	DATELLI M			Conte		484

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and completely filled in Madirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pashauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours.

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VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fune adirector, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deather. Page 4 may be retained by the haspital ar attending physician.

VR A15141

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

06573	DIVISION OF	CI	ERTIFICA			OKE, MAK	TLAND Z 1 ZU		065	71
(Type or print)	First Mary	Middle	Le	lost ttieri	ļ	2o. DATE OF I	DEATH Manth 5	Day 4	Year 69	2b. HOUR
3. SEX	4. RACE	O-	S.	DATE OF BIRT			6. AGE (In years last birthdaγ)	MO	UNDER) YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
Female 7a. BIRTHPLACE (Stote or foreign country) Italy		Cau HAT COUNTRY? SA	B. MARRIED X		ED 9.	COUNTY OF		rRS.		Mo
10. CITY OR TOWN OF DEATH Catonsville	11. N give 62	AME OF HOSPITAL OR INST street oddress) 57 Gilston	Park	Rd	during most Hous	of working li	Kind of work do fe, even if retire	ed.)	INDUSTRY	BUSINESS OR Home
13o. USUAL RESIDENCE (Where deadmission) STATE \mathbf{Md}	eceased lived, if institu 13b. COUNTY		13c. CITY OR TO Catons		ES NO	T .	eet and number ne as #	11		
14. FATHER'S NAME First Louis	Middle LeRicci	last		Ass	en name First unta	Negri	Middle			Last
16o. WAS DECEASED EVER IN U.S. You no, or unknown) (If yes	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY NO 212-10-56	1.0	Genna Genna	aro Let	ttieri	Addres Same			MATE INTERVAL
Canditions, if ony, which g rise to immediate couse stating the underlying co last.	AUSED BY: MEDIATE CAUSE (o) DUE TO, OR (o), USE (c) (c) (c) (d) (c) (d) (d) (c) (d) (d) (d) (e) (e) (f) (f) (f) (g) (g)	Corona AS A CONSEQUENCE OF Arteric AS A CONSEQUENCE OF	sclero	tic He	art Dis				Sud	onser and geath
PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER	Diab	UTING TO DEATH BUT NOT etes Mellit HICH OPERATION WAS PERF	us	20a. AUTOP:		2Db. IF	IN PART 1(a) YES, WERE FINDIN OF DEATH?	IGS CON	SIDERED IN C	ERTIFYING
OR CONTRIBUTING CAUSE O	FOEATH HOUR A.M. P.M.	Manth Day Yeor			RRED (Enter no		in Port 1 or Par			
While Nat while at work of wark		(AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.					or Town		County	State
22a. I certify that (I) saw the decease causes stated at	d alive an Ap	ended the deceased ril 29 19 (did.npt) view the b	69 , and	that in (my	, 195 (xxxx) apinio	14, tal an death a	ccurred an the	, 19 <u>65</u> e date	9, that and haur	(I) (week las
22b. SIGNATURE	w f	Kor	DEGREE	11110.		CTOR	STAFF PHYS.		TE SIGNED 5 / 69	
	eo J Gave				llow H		Baltim			
Entombinent	23b. DATE 5/7/69	23c. NAME OF CI		usoleu	m	Wood	lawn, B	alt.		(State) VId
24. FUNERAL DIRECTOR Win	n. Cook-E	Brooks Wes	t Inc		Sa. REC'D BY F	Z 196	2Sb. REGISTR		GNATURE	Let.

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24 haurs after deoth

and in any event, within 72 hours afte

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages

director, page 3 should be detoched for use as the buriol-transit permit. Then pleabould be filed with the State Dept. of Health prior to buriol, crematian, or removal,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

06572

G. CONNELLY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				CERTIF	ICATE OF	DEATH			0	65	79
1. DECEASED-NAME	First		Middle		Last		20.	DATE OF DEATH		-11/	2b. HOUR
(Type or print)	Mary		Winifred]	Long			May 21	Day	969	1:25
3. SEX		4. RACE			S. DATE OF	BIRTH		6. AGE (In year	ITS IE UNOE	ER 1 YEAR	IF UNDER 24 HR
Femal	e		White		June	26, 19	905	last birthday	YRS. MONTHS	OAYS	HOURS MI
7o. BIRTHPLACE (Stote country)	e or foreign	7b. CITIZEN OF WI	AT COUNTRY?	8. MARRIE	ED X NEVER M.			INTY OF DEATH			
	rland	USA		WIDOW	ED DIV	ORCED	1	Baltimore			
10. CITY OR TOWN OF	DEATH	give :	AME OF HOSPITAL OR INS street oddress)	Joseph	h	during r	UAL OCCL most of v Home	JPATION (Kind of wark working life, even if ret maker	rired.) IND	KIND OF	BUSINESS OR
13a. USUAL RESIDENC odmission) STATE	E (Where deceos	ed lived if institut	ian: Kesidence before	13c. CITY	UK TUWN	13d. INSIDE CITY		13e. STREET AND NUME			
odmission) STATE			Baltimore	E35				704A Bauer		dt I)r. #21
14. FATHER'S NAME	First	Middle	Last		1S. MOTHER'S				idle		Last
Th	fom As	E. A	YERS		1	DITE		SHIPLE	1		
16a. WAS DECEASED I Yes, no, ar unknow		IED FORCES? or or dates of service)	16b. SOCIAL SECURITY		/. INFURMANT			Add	ress		
NO					JAME	5 /	40	ONG	ABO		
18. CAUSE OF			ne for (o), (b), and (c).							APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
PARI I. DE	ATH WAS CAUSED IMMEDIA	TE CAUSE (a)	Cardiac Fa	ilur	9						
0100	The same of the sa	DUE TO, OR A	S A CONSEQUENCE OF								
Conditions, if a	ny, which gave) ote cause (o),((b)	Chronic Pl	Leuris	sy with	Effus:	ion				
	derlying couse	DUE TO, OR A	S A CONSEQUENCE OF								
last.)	(c)									
PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMIN	IAL DISEASE OR	CONDITIO	ON GIVEN IN PART 1(a)			
N N											
19a. DATE OF OP	ERATION 19b.	ONDITION FOR WH	CH OPERATION WAS PE	RFORMED	20a. AU	OPSY?		20b. IF YES, WERE FIND	INGS CONSIDER	RED IN CE	ERTIFYING
RTIFI					YES [CAUSES OF DEATH?			
	WAS UNDERLYIN G [] CAUSE OF DEAT	G 216. TIME OF		21c.	HOW INJURY O	CCURRED (Ent	er nature	af injury in Part I or F	art 2, Item IB	.)	
	medical examir	er) P.M.	19								
While Nat v	vark 🔲		AT HOME, FARM, STREET, FAC OEFICE BUILDING, ETC.					City ar Town	Caun		State
22a. I certif	y that 🙀 (thi	s haspital) atte	nded the decease	ed fram_	4-30	, 191	69 ,	ta 5-21	, 19 69	, that:	d) (we) la
sow the	e deceased al stated above	ive an5, (3) (we) (did)	biobot) view the	9 <u>69</u> , c body ofte	and that in (1 er death.	⊈ y) (our) ap	oinion d	ta5_21 death occurred on t	he dote and	l hour d	and from th
22b. SIGNATURE	0		7 .		ATTENE	ING —	MED	STAFF C	22c. DATE SIG	GNED	
	Gual	such -	rouce qu	DE	GREE PHYS.		MED. DIRECTOR	STAFF PHYS.	May 2	1, 1	1969
22d. PHYSICIAN' NAME (Type	6)		0		22e. AC	DRESS		CENTER META			
Tirrine (17p)	Gualb	erto Gok	im, M.D.		762	0 York	Roa	d Baltimon	re, Md.	2]	204
23a. BURIAL, CREMAT REMOVAL (Specif	ION 23b. [ATF .	23c. NAME OF	CEMETERY (OR CREMATORY		23d.	LOCATION (City or Town	n) (Cour	nty)	(State)
BUR!	AL	5/24/69	DAK	LAU	IN			BALTO.	MP	0	
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William Calaba	No duration the		A	0. 1832.
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		A CASE	ATT THEORY A	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06574

1717010		CERI	IFICATE OF DEATH		20017
1. DECEASED-NAME (Type or print)	First James	Middle Sanchez	Lopez	20. DATE OF DEATH May 29,	26 HOUR.
3. SEX Male	4. RACE	hite	5. DATE OF BIRTH 9/28/00	6. AGE (In years lost modey)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State ar forei cauntry) Spain	U.S. A	- lien WIDO	RRIED NEVER MARRIED DWED DIVORCED	9. COUNTY OF DEATH Baltimore Co	ounty
10. CITY OR TOWN OF DEATH Catonsvill	.e II. N	ame of Hospital or Institution street address) Grove	State Hospitol 12a. USU	UAL OCCUPATION (Kind of work dane most of working life, even if retired working life.	125 KIND OF BHEINESS OR
13a. USUAL RESIDENCE (Where odmission) STATE Mar	deceased lived if institution to the property yland Prin	ce George Gr	eenbelt YES TOWN	13e. STREET AND NUMBER 34 H Ridge	Road
	onio S.	Lopez		first Middle morsa	Sanchez
16a. WAS DECEASED EVER IN U	.S. ARMED FORCES? yes give war or dates of service)	16b. SOCIAL SECURITY NO. 234-12-8920	17. INFORMANT Records—Sp	oring Grove State	Hospital
serce 6	gave (b) OUE TO, OR (c) NT CONDITIONS CONTRIBL	AS A CONSEQUENCE OF AS A C	TED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a), 20b. IF YES, WERE FINDINGS	
190. DATE OF OPERATION 210. ACCIDENT WAS UND			YES NO	CAUSES OF DEATH?	
OR CONTRIBUTING CAUSI OR CONTRIBUTING CAUSI (If either, natify medical 21d. INJURY OCCURRED While Not while at work at wark	of DEATH HOUR A.M. examiner) P.M.	Month Doy Yeor	21f. LOCATION Street or R.F.D. No	er nature of injury in Part 1 or Port 2 o. City or Town	Caunty State
22a. I certify that ((this haspital) att sed alive an Mar abave, (*) (we) (did)	ended the deceased from	m <u>11/12/62</u> ,19_ -, and that in (M y) (aur) ap ifter death.	, ta <u>May 29</u> , 1 Dinian death accurred an the d	9 <u>69</u> , that (h) (we) las late and haur and fram th
22b. SIGNATURE	ua	ul.	DEGREE PHYS.		DATE SIGNED 5-29-69
22d. PHYSICIAN'S NAME (Type)		Marin, M.D.		g Grove State Hos	pital
23a. BURIAL, CREMATION, Burral (Specify)	23b. DATE 6/2/69	Gate of H	Ieaven	23d. LOCATION (City or Town) Silver Spring N	
24. FUNERAL DIRECTOR Francis Gaso	ch's Sons I	ADDRESS Hyattsville, N	81144	BY REGISTRAR 25b. REGISTRAR	SAIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, Pages 3 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

1101 Edmondson Ave. Baltimore, Md.

VR A15 (4)

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12 12				ly D. M. Diet.	

23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify)
Burial Oak Lawn Cemetery Baltimore County Maryland 24. FUNERAL DIRECTOR William E. Johnson 8521 Loch Raven Blvd

06576

12b. KIND OF BUSINESS OR

Grace

Lost

PPROXIMATE INTERVA BETWEEN ONSET AND DEATH APPROX 30

24 hrs

County

22c. DATE SIGNED.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06579 06577 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH deoth. 2b. HOUR within 24 haurs after death. and the funeral (Type or print) Wilhelmina A. Month Mangold JY969 2.55 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS last birthday) HOURS Female. White March 25, 1882 > 1 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Germany United States Balto. Co. WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 12. USUAL OCCUPATION (Kind of work done during most of working life seem if retired.) 12b. KIND OF BUSINESS OR remove carbon INDUSTRY Towson, Md. event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN be exetuted 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY to. odmissian) SIATE 111 Martingale, Rd. Luthervill & -NO V 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Lost and in a Karl Gruneberg Caroline Machenott please requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, no, or unknown) Dulaney-Towson Nursing Home 111 West Rd,04 affending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH terin ecleration DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying causes signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been use os the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 YES 🗔 this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from August 9,1967, ta saw the deceased alive on 5/19/6419, and that in (my) (our) opinion dea

O FUNERAL DIRECTOR: After TO HOSPITAL OR ATTEND Poge 4 moy be retoined director, poge 3 should be filed v

1927 York Rd. 21204 2189. 23c. NAME OF CEMETERY OR CREMATORY

DEGREE

PHYS

22e. ADDRESS

23d. LOCATION (City or Town)

and that in (my) (our) opinion death occurred on the dote and haur and from the

PHYS.

(County) (Stote)

REMONAL (Specify) 24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION.

22b. SIGNATURE

22d. PHYSICIAN'S

Baltimore Cemetery

2So. REC'D BY REGISTRAR

DIRECTOR

Baltimore, Maryland
RR 25b. REGISTRAR'S SIGNATURE Milanes Judge

22c. DATE SIGNED

Miller Inc-6415 Belair Road-21206

NAME (Type)Dr. Kevin Quinn

23b. DATE

causes stated obove, (1) (we) (did) (did not) view the body after death.

DATEN

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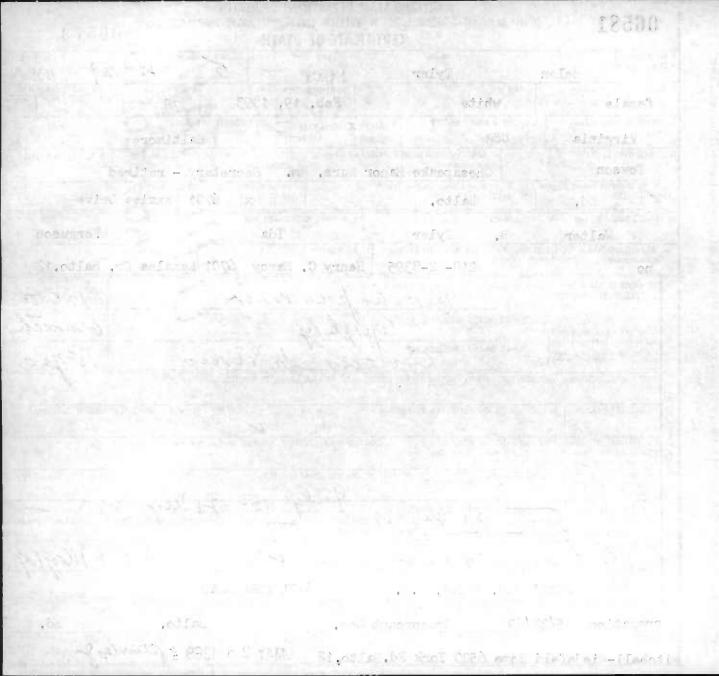
CONT. I Econ Incided Facility County-1205 . Hely C. Lind Landon Service Services

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1 . 0		06580	MAI DIVISION OF VITAL RE		DEPARTMENT OF		201	
10	T	cemlo FilmG412			ATE OF DEATH	IMORE, MARILAND 21	06578	
death.		CEASED-NAME First PHILIP	F MANSER		Last	May 7, Month 9	2	b. HOUR
24 haurs after death ed in by the funeral pers. Pages 1 and 27 haurs after death	3. SE		4. RACE WHITE			916 6. AGE (In ye		IDER 24 HRS. RS MIN.
24 haur d in b pers. 72 hay	cour	MARYLAND	7b. CITIZEN OF WHAT COUNTRY US A	WIDOWED		9. COUNTY OF DEATH Baltimo		Md.
	B	ITY OR TOWN OF DEATH altimore 21234	give street address	2905 Eri	e Ave. during m	AL OCCUPATION (Kind of war nost of working life, even if re	etired.) INDUSTRY	JESS OR
complet twe care event.			sed lived, if institution: Residence of 13b. COUNTY Balti			∞x 2905 Eri		
be exe	14. 1	ATHER'S NAME First Philip Mans	Middle	Lost 15	Annie C.	Bracken M	iiddle Lo	ist
tificate hysiciai n pleas val, and			war or dates of service)	SECURITY NO. 17. 03 3268	nformant family	records	dress	
ath ceri nding p iit. The		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b D BY: ATE CAUSE (o)), and (c).)	the Sprine -	metistrace	APPROXIMATE II BETWEEN CINSET A	
equires that the death certificate be executed within 24 har physician. Signed by the attending physician and completely filled in burial-transit permit. Then please remave carban papers, burial, crematian, ar remaval, and in any event, within 72 harmonical, crematian, ar remaval, and in any event, within 72 harmonical, crematian, ar remaval, and in any event, within 72 harmonical.		Canditians, if any, which gave rise to immediate couse (a),	DUE TO, OR AS A CONSEQ	UENCE OF			/	
res tha sician. ned by ial-tran		stating the <u>underlying cause</u> <u>lost</u> .	DUE TO, OR AS A CONSEQ (c)					
w requi	NC	1.4	NDITIONS CONTRIBUTING TO DEA					
The lovattend attend has be se as the prior	CERTIFICATION		CONDITION FOR WHICH OPERATIO		20a. AUTOPSY? YES ☐ NO [t	CAUSES OF DEATH?	NDINGS CONSIDERED IN CERTIF	/ING
ICIAN: pital or rrificate d for u af Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	TH HOUR A.M. Manth D iner) P.M.	oy Year		er noture af injury in Part 1 ou		
the has this ce detache e Dept.	W	While Nat while at work	(OFFICE BOILDIN	IG, ETC.	OCATION Street or R.F.D. N	,	County	Stote
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon present with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within the state Dept. at Health prior to burial, crematian, ar remaval, and in any event, within the state Dept. at Health prior to burial, crematian, ar remaval, and in any event, within the state Dept.		snw the decensed of	nis haspital) attended the alive on e((I)) (we) (did) (did nat) v	£ 05 19 6 9 on	d that in (my) (our) ar	oinion death occurred on		(we) lost fram the
OR AT be reta DIRECTO ge 3 she led with		22b. SIGNATURE Lee	1. Buch	DEG	REE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SYGNED	9
O HOSPITAL OF Page 4 may be of FUNERAL DIR director, page 3 and director, direc			orge H. Beck		22e. ADDRESS 601		oad/ /	
TO HOSPIT Page 4 m TO FUNERA director, I		REMOVAL (Specify)	DATE 23c. May 12, 1969		od Cemeter		, Balto Cou	inty
VR A15 (1) 30M REV, 1/68	24. C	F. EVANS &	SON 8802 Ha	ADDRESS arford Ro	ad MAY 1	0	GISTRAR'S SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH

06580 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06582		DIVISION OF			ATE OF DEATI		E, MAKTLANU	21201	0658	U
	CEASED-NAME ype or print)	First	14	Middle	ine	MArtz	20.	DATE OF DEATH Month	16 Doy	69 eor	2b. HOUR
3. SE	F		4) RACE			5-3-9(6. AGE (li	hday) YRS.	IF UNGER 1 YEAR MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
cour	BIRTHPLACE (Stote or		7b. CITIZEN OF WHA	A	WIDOWED				none		Me
R	00.0001	town	give st	ME OF HOSPITAL OR INST	Gen	during	g most of v	UPATION (Kind of working life, even	y retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
admi	ssion) STATE	D.	13b. COUNTY	Balto	RANDAL	LSTOWN YES	NOX	3917	Ray	ton R	d
	TATHER'S NAME	acob	Middle	Oset	A	MOTHER'S MAIDEN NAM	NE First	olyne	Middle	MCD	Lost
	was deceased ever es, no, or unknown)		ir or dates of service)	NONE). 17. N	Chart			Address	Applyay	MATE, INTERVAL
	PART I. DEATH 4 1 0 9 Conditions, if ony, rise to immediate stoting the underleast.	which gove couse (o), (ying couse)	BY: IE CAUSE (o) DUE TO, OR AS (c) (c)	S A CONSEQUENCE OF	Myo Ch	nonse he	earl	Jacher IN PART	(10)	BETWEEN	MOL
NO		Joak	etes.				OKCONDITI			TANKING PER IN C	SERTIFICATION OF
CERTIFICATION	190. DATE OF OPERA			CH OPERATION WAS PER	FORMED	20o. AUTOPSY? YES NO		20b. IF YES, WERE CAUSES OF DEATH		CONSIDERED IN C	EKIIFYING
MEDICAL CEI	21o. ACCIDENT WA OR CONTRIBUTING [Off either, notify me	CAUSE OF OEATH	HOUR A.M. er) P.M.	Month Doy Yeor		W INJURY OCCURRED (F			1 or Port 2,	- 20	luana.
N	21d. INJURY OCCUP While Not while of work of work	,				ATION Street or R.F.D.	10	City or Town	6 10	County	Stote
	sow the d	eceosed of	ive on	did not) view the b	62, ond	that in (my) tour)		to \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	on the do	ote and hour	ond from th
	22b. SIGNATURE	rene	Aga	mor_	MBEGRE		MED. DIRECTO	R STAFF PHYS.	□ 22c.	DATE SIGNED	9.
	22d. PHYSICIAN'S NAME (Type)	LAWRE	MES	OLOMON	/	22e. ADDRESS	1	DEHER	RN	DR.	
230.	BURIAL, CREMATION REMOVAL (Specify)		19, 69	23c. NAME OF C Bellwo				LOCATION (City or LIWOOD Pa		(County)	(Stote) Penna.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by th director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pag should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours VR A15 (4) 30M REV. 1/68

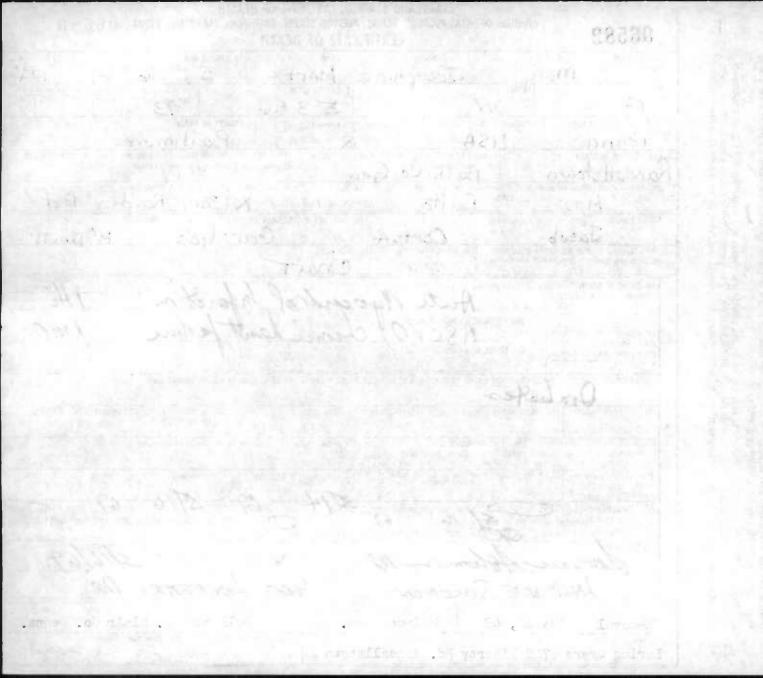
and campletely filled in by the funeral remove carbon papers. Pages I and 2 in now event within 72 hours affected after.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

24. FUNERAL DIRECTOR Loring Byers 8728 Liberty Rd. Randallstown 250. REC'D BY REGISTRAR DATE MAY 1 9 1969

2Sb. REGISTRAR'S SIGNATURE



A. H. C. St. - 4 4 - 22

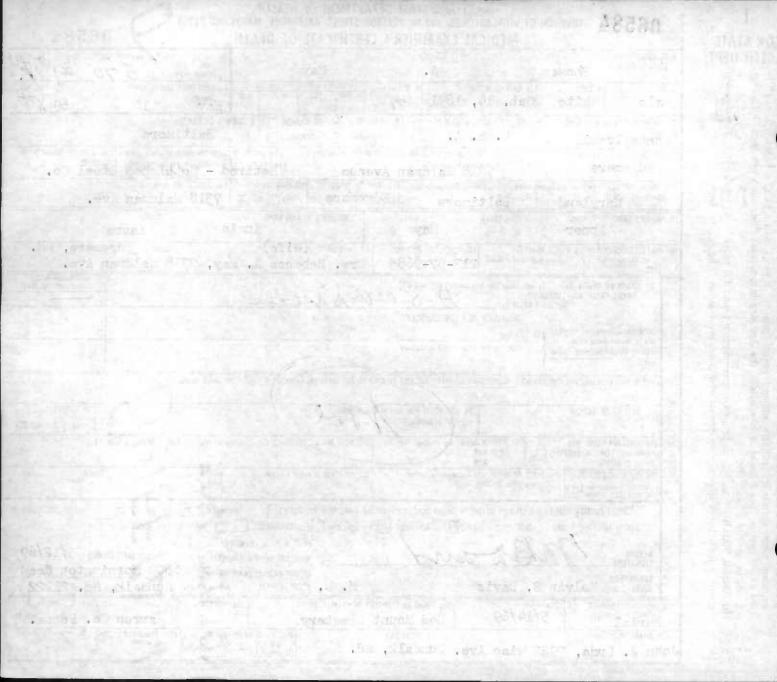
FOR STATE HEALTH DEPT. any delay is 2, and 3 ta PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health priar to burial, crematian, or remayal, and in any event within 72 haurs after death. certificate should be executed within 24 hours after death a, writing the ward "pending" in pencil in Item 18 Give Pages 1, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form necessary, please execute the certificate, writing the ward This DICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH 06584 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. Last (Type ar Print) Thomas May A.

											1	
	. SEX Male	4. RACE White	S. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS DAYS		24 HRS.	C. DATE PRONO Manth	UNCED DEAD	Year 19 60	2d. HOUR 9 STOM
((o. BIRTHPLACE (Stote Pennsylv	ania	b. CITIZEN OF WHAT	Α.	Wit		VORCED _	9. COUN	TY OF DEATH Balti	more		Mc
	Edgeme	r DEATH	give 31	8 walc	lman Ave		during	tire c	JPATION (Kind Yarking life, ev	hlehem	12b KIND OF BI INDUSTRY Steel Co	USINESS OR
3	admissian) STATE	ce (Where decease ryland	lived, if institution 13b. COUNTY ti	an: Residence		y or town gemere	13d. INSIDE CITY I	ALC: N	7318 W	NUMBER aldman	Ave.	
14	I. FATHER'S NAME	Abner	Middle	Ma	Last Ly	1S. MOTHER'S A		First Annie		Middle Laur	ra	ast
16	oa. WAS DECEASED EV (Yes, na, ar unknav No	/ER IN U.S. ARMED Formula (If yes give w		6b. SOCIAL SECT		17. INFORMANT Mrs. Re		A. Ma			gemere, an Ave.	Md.
	PART 1. 1 412	DEATH WAS CAUSED	y ane cause per line BY: TE CAUSE (a) DUE TO, OR A:	77-	5-C-	V-S1	rero	ز				ATE INTERVAL SET AND DEATH
	rise to immed stating the ur last.	liate cause (a), derlying cause	(c)TIONS CONTRIBUTING) TO THE TERMINAL	DÎSEASE PR	CONDITION	GIVEN IN PART	1(a)		
CEDTICION	19a. DATE OF C	DPERATION	11	9b. CONDITION WAS PERF	FOR WHICH A	erajonel)				20. AUTOF	
MEDICAL CED		R CONTRIBUTING	21b. TIME OF IN HOUR A.M. P.M.		ay, Year	21c. HOW INJURY	OCCURRED (En	iter nature	af injury in Pa	rt 1 ar Part 2, It	em 18.)	
ME	E 21d. INJURY OC WHILE AT WORK		LACE OF INJURY (At tary, affice building,		street,	21f. LOCATION Stre	et ar R.F.D. Na.		City ar Taw	'n	Caunty	State
	ACTUAL SIGNATURE _	•	Notural cause B. Davis			Suicide	Hamicid CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA	EXAMINER ICAL EXAM AL EXAMINI	INER 6			
2	3a. BURIAL, CREMA REMOVAL (Spec Burial	TION, 23b. 1ify) 5	DATE /14/69			Y OR CREMATORY Cemeter		23d. I	LOCATION (City	Warren	(Caunty)	
	ohn J. D		2 Wise Av	re. Dur	ADDRESS	Md.	2Sa. REC'I		STRAR 1969 25	b. REGISTRAR'S	SIGNATURE	22

VR A15ME (5)

TO DEPUTY



A6585

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

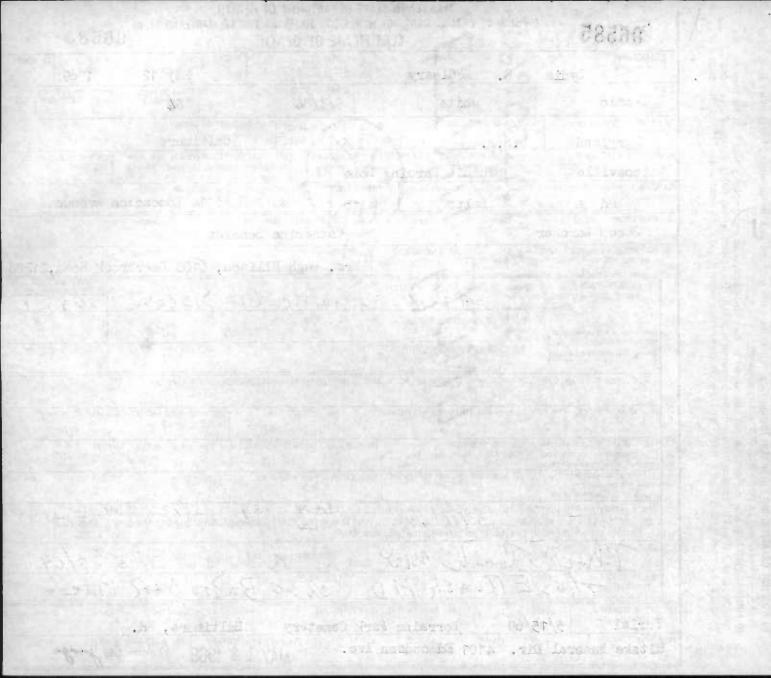
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-10			- TABLE C. AND THE TOTAL CO.	CENTERIO.	ALL OF F	LAIII					
	(Type or print) Lyd		McCleary		Last		2a. DATE OF	May 12 Do	y Ye	969	2b. HOUR
3	Female	4. RACE	white		5. DATE OF BIRT 9/3/84			6. AGE (In years land) YRS.	MONTHS		IF UNDER 24 HRS. HOURS MIN
-	To. BIRTHPLACE (Stote or foreign country) Maryland O. CITY OR TOWN OF DEATH Catonsville	7b. CITIZEN U.S	OF WHAT COUNTRY? A. 11. NAME OF HOSPITAL OR INS give street oddress Summit Nursi	WIDOWED [ot in hospital	ED 120. USUAI	OCCUPATION		12b. KI INDUS		Md USINESS OR
0	3a. USUAL RESIDENCE (Where de	ceased lived, if 13b. CO	institution: Residence before UNITY Balto	13c. CITY OR Balt		YES NO		REET AND NUMBER 4 Edmonds	on Av	enue	3
1	4. FATHER'S NAME First Jacob Karc		ddle Last		Mother's Mail Cather	oen name fir		Middle			Lost
	16a. WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes	ARMED FORCES? give war or dates of ser			rs. Hug	h Elli	son, 6	Address 108 Deerbi	rook	Road	1,21228
	Conditions, if ony, which grise to immediate cause stating the underlying collost.	a), use DUE TO	D, OR AS A CONSEQUENCE OF CO. OR AS A CO. OR AS					N IN PART 1(0)			71,5 +
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER	19b. CONDITION F	OR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPS	NO 🗌		YES, WERE FINDINGS OF DEATH?	ONSIDERED) IN CER	TIFYING
	G CAUSE OIL (If either, natify medical ex 21d. INJURY OCCURRED While Nat while	DEATH HOUR	TME OF INJURY A.M. Manth Day Year P.M. 19 IJURY (AT HOME, FARM, STREET, FAC					y in Part 1 ar Part 2, or Tawn	Item 18.) Caunty		State
	22a. I certify that (I)	(this haspital d alive on ave, (I) (we)	attended the decease (did) (did not) view the l	d fram 9, and oody ofter d	that in (my)	, 19_ <u>_</u> (our) opin	9, taion death o	ccurred on the do	69, ote and h	that (l) (we) las
	22b. SIGNATURE	286	varle M	W DEGRE	ATTENDING PHYS.	DIR	D. ECTOR	STAFF PHYS. 22c.	DATE SIGNI	3/0	59
2	NAME (Type)	3b. DATE	1 (UACK /	1 D	35	50 (23d. LOCATIO	N (City or Town)	(County	re	(State)
L	BEMOVAL(Specify)	5/15/69	Lorrain	e Park	Cemete		Balti	more, Md.			(sidie)
2	4. FUNERAL DIRECTOR Witzke Funera	al Dir.	4101 Edmond	son Ave	2	Sa. REC'D BY	REGISTRAR 4 196	2Sb. REGISTRAR'S	SIGNATUR	udg	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificable be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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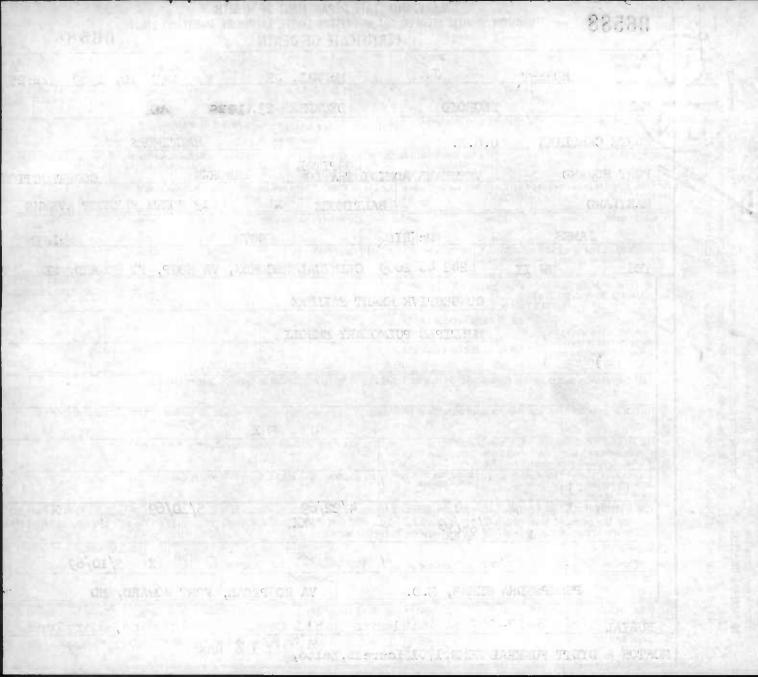
			CERTIFICATE OF DEATH		
	DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	(Type or print) MA	RY JANE M	CKITRICK	May Month 4, 196	59 Yeor 330
3. 5	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IE UNDER 1 YEAR IF UNDER 24 HRS.
	Female	White	8-29-1885	last Bighday) YRS.	MONTHS DATS HOURS MIN
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	Maryland	U.S.A.	WIDOWED X DIVORCED	Baltimore	M
	Catonsville		nor Nursing Home	AL OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
de	niceion) CTATE	sed lived, if institution: Residence before	13d. INSIDE CITY LI		
	Maryland		lHeights YES NO	421 Greenwood	d Road
4.	FATHER'S NAME First	Middle Lost	1S. MOTHER'S MAIDEN NAME F	irst Middle	Lost
	Andrew	Weatherstine		Seebode	
				Address	1 71 01000
	No	var or dafes at service) 212-10-51		der, 421 Greenwood	
	18. CAUSE OF DEATH (Enter on	aly one couse per line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSEI	ATE CAUSE (0)	ral herman	hope	sudden
	14319	DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if only, which gove rise to immediate couse (o),	(b)			
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
	lost.	(c)			1 12 1
	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)	
z					
CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 2Do. AUTOPSY?	2Db. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
RIFI			YES NO	CAUSES OF DEATH?	
			21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2, It	em 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT				
ME			TORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
	While Not while at work	VOLUTE BUILDING, ETC.			
	22a. I certify that (I) (thi	is haspital) attended the decease	ed fram 1960, 196	28, to 4 may, 19_	69, that (1) (we) lo
	saw the deceased a	live an 3mg 1	9 69, and that in (my) (aur) api	nian death accurred on the dat	e and haur and fram th
12		e, (I) (we) (did) (did nat) view the	bady after death.		
12	22b. SIGNATURE	Donal Jana	ATTENDING M		ATE SIGNED LA
	22d. PHYSICIAN'S	below, los	DEGREE PHYS. DI	RECTOR PHYS.	May 67
	NAME(Type) Willi	am Goodman	1334 Sulp	ohur Spring Road,	Balto.Md.
230	BURIAL, CREMATION, 23b. I		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
		-7-1969 Loudon	Park Cemetery	Baltimore, Maryla	and
	FUNERAL DIRECTOR	ADDRESS ADDRESS	2So. REC'D B'		IGNATURE
H	oward H. Hubbar	d, 4107 Wilkens Av	e. 21229 DANY	6 1969 Milianel	an magain

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care, creson	10000 0	372 33310	related and the

M. W. Morand B. Embers, 918 Elect Arc. 22229

12		06588	DIVISION OF VITA			STON STRE		DRE, MAI	RYLAND 21201	0658	36
and 2 death.	1. D	ECEASED-NAME First (ype or print) ROBER	2/T	Middle J.	λ/	Lost		20. DATE OF	Month Do	y Year 1969	2b. HOUR
les 1 after	3. SI		4. RACE NEGRO		- S.	DATE OF BIRT		928	6. AGE (In years lost birthday)	MONTHS DAY	R IF UNDER 24 HRS
apers. Pag	cou	NORTH CAROLINA	b. CITIZEN OF WHAT CO	W	MARRIED [NEVER MARRI DIVORC	9. C	OUNTY OF	BALTIMORE		٨
Sermit. Then please remays carbon papers. an, or remaya, and in any event, within 72 has a sermit and the sermi	130.	FORT HOWARD USUAL RESIDENCE (Where deceased	give street of VETE	HOSPITAL OR INSTITUTION HOSPITAL OR INSTITUTI	HOS LNISTR	PITAL ATION WN 13	during most	BORE	(Kind af wark done Life, even if retired.) REET AND NUMBER	INDUSTRY	OF BUSINESS OR STRUCTTO
mave command of the c	odm	MARYLAND ATHER'S NAME First	13B. COUNTY Middle		BALTIM	ORE	YES NO DEN NAME First		NORTH FF	REMONT	AVENUE
oui pur	140	JAMES	W TODOTES THE	MCNETL OCIAL SECURITY NO.	17. INFO		DOVE	C	Address		McLAIM
hen ple naval, o	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(If yes give wor. 18. CAUSE OF DEATH (Enter only	II 24	2 40 2009			RECORDS	S, VA	HOSP, FT	APPR	OXIMATE INTERVAL N ONSET AND DEATH
ourial, cremati	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDI	DUE TO, OR AS A CO	CIPLE PULN INSEQUENCE OF	MONARY	EMBOI	I	NITION GIVEN	N IN PART 1(a)		
Health priar tak	CERTIFICATION		NDITION FOR WHICH OP			20a. AUTOPS YES	NO 🔀	CAUSES	YES, WERE FINDINGS OF DEATH?		CERTIFYING
	MEDICAL C	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner 21d. INJURY OCCURRED 21e. P.	P.M.	th Day Year 19					y in Port 1 or Part 2,		
		22a. I certify that XI) (this saw the deceased alive causes stated abave, 122b, SIGNATURE	haspital) attended to an	the deceased fi	ram_4/	22/69 nat in (ਐØ) th.	, 19 ((aur) apinia	_, ta5	or Town 6/10/69 , 19 occurred on the d	County —, the ate and hau	State at (X) (we) la or and fram th
		22d. PHYSICIAN'S	ndra senan	enany , M.D.	DIGREE	ATTENDING PHYS. 22e. ADDRE VA	SS	6375	STAFF PHYS. DRT HOWARD	5/10/6	9
shauld be filed with the State Dept.		BURIAL, CREMATION, 23b. DA REMOVAL (Specify) 5	TE -13-69	23c. NAME OF CEME Baltim	ore I	MATORY Nat'l	Cem. 23	Bd. LOCATIO	N (City or Town) altimore	(County) Mar	
A15 (4)0	24. Ma	FUNERAL DIRECTOR ORTOTI & DYETTI ET	NERAL HOME	ADDRESS	irens	Balta.	MAY TY	GIST 1969	9 25by REGISTRAR	SAGNATURE	ye.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16589 06587 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) ALLEN DANTEL McPOLAND 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) MALE CAUCASTAN DECEMBER 26, 1896 executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED DIVORCED [BALTIMORE 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)

HOSPITAL 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY FORT HOWARD VETERANS ADMINISTRATION FIREARMS 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER WALDORF HOTEL. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 113b. COUNTY BALTIMORE YES NO NORTH AVE & CHARLES ST and in ony 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle CHARLES M. McPOLAND IDA SIMMS physician nen please requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no or unknown) ar removal, 219 12 6010 CLINICAL RECORDS. VA HOSPITAL FT HOWARD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH UNKNOWN IMMEDIATE CAUSE (a) LEFT CORONARY THROMBOSTS WITH LEFT MYOCARDIAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) UNKNOWN ARTERIOSCLEROSIS rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CARCINOMA OF RECTUM hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from 2/26/69, 19, ta_5/3/69, 19, that (1) (we) last saw the deceased alive on 5/3/69, and thot in (20) (aur) opinion death occurred on the date and hour and from the saw the deceased alive on 5/3/69 causes stated abave, (we) (did) (a) (view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS GADDUM J. M. REDDY, M.D. NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND director, should 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 5/6/69. PEMOVAL (Sprecify) Baltimore National Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR 5303 Harford Rd. Baltimore, Md. RUCK FUNERAL HOME

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YES THEY REPORTED TO HELD THE TANK OF THE TOWARD,

TARDEN J. H. HEDDL, M.D. VA HOSS MALL, FORE BOLTED, WARVAND

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2/21/29

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MARYLAND STATE DEPARTMENT OF HEALTH -

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Camero of 1829-36-6190 or sometime

Charles to the County Superingers Policy January Carles Carles

H. W. Joseph Co. Bone & sone W. H.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 1971 superal director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

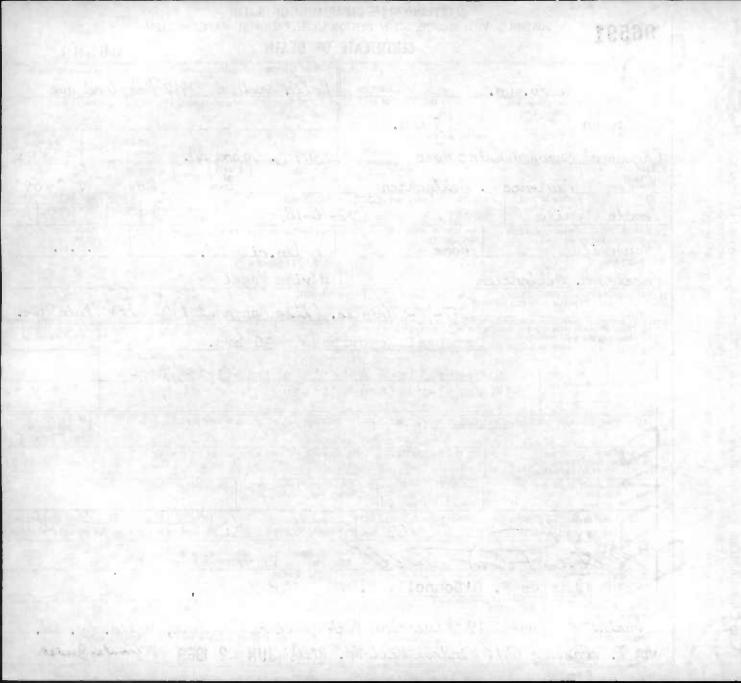
06591

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06589

	00353
f. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Balto. (o. MARY)	Date and the difference of the control of the contr
b. CITY OR TOWN (If autside carparate limits, write RURAL ond give nearest town) C. LENGTH OF STAY IN	N 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn)
I OW NOR 5 MORE	L CTOTT ADDOCC
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Chesapeak Manon Nunsino Home.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF First Middle	Last A. DATE Manth Day Year
(Type or print) Florence A. Mehlaarten	OF DEATH May 31 1969
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
	2-16-1878 dos birthday) Manths Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewile Home	11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT COUNTRY? A.
f3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles A. Mehlgarten	Alvina Vogel
fS. WAS DECEASED EVER IN U.S. ARMED FÖRCES? (Yes, ng, ar unknawn) ((If yes give wor or dates of service)	17. fNFORMANT Address
no 217-48-4760	Mrs. Elise Anagnost 1906 Alto Vista Ave.
1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Hen	orrhage 36 hrs. ONSET AND DEATH
404X DUE TO	
Conditions, if any, which gave) (b) Generalized	Arterio sclerotic cardio-
rise to immediate cause (a),	
last. (c)	10. 715
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART f(a) 19. WAS AUTOPSY
	PERFORMED?
200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH 200. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONNECT. (Enter notice of injury in roll 1 of roll if of nem 16.)
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 at work at wore work at	20e. PLACE OF INJURY (Hame, form, factory, street, office bldg., etc.) 20f. (City or town) (Caunty) (State)
21. I certify that (1) (this haspital) attended the deceased	from 1/8/ , 19.69, to 1/31 , 19.69 hat (1) (we) las
	nd that death occurred of 3:2% from couses and on the dote stated above
220. SIGNATURE	22b. DATE SIGNED
Illian Fanorell	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) Charles F. O'Donnell, 1	1.D. 22d. ADDRESS 7501 York Rd.
230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
PEMOVAI (Specify)	(,, (,
Burial June 2 1969 Lorraine 24. FUNERAL DIRECTOR ADDRESS	Park Cemetery Woodlawn Balto Co. Md.
John T Stansbury 6411 Windson Mill	



2, and 3 ta P.WS. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Depa alang with farm Sive Pages 1, after death Health prior to burial, cremation, ar remaval, and in any event within 72 hours after death. ltem Office 24-HOURS necessary, please execute the certificate, writing the word "pending" in pencil the funeral director. Page 4 shauld be farwarded to the Chief Medical Examinals This certificate shauld be executed within DICAL EXAMINER: 5 may be retained far your files.

06592

MARYLAND STATE DEPARTMENT OF HEALTH

06590

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(Type or Print)		Fir	ist	Middle	Lost				Doy Yeor	2b. HOUR	
(1)	pe or Print)	CLARE	INCE	PIERCE		MILES,	SR.		DEATH MATED May	3 169	2b. HOUR 3:36 A M
SE)	(4. RACE	S. DATE OF B	IRTH 6. AGE (in years	IF UNCER 1 YEAR	IF UNCER		2c. DATE PRONOUNCED DEAD		
Ma	ale	White	Aug.	12, 1904 64	thday) YRS.	MONTHS OAYS	HOURS	MIN.	Month May Day 3	Yeor 19 69	2d HOUR 3:36 A M
	RTHPLACE (Stote	or foreign	7b. CITIZEN OF W		MAR	RELED NEVER M	ARRIED 🗌	9. COL	UNTY OF DEATH	TOTAL PA	3
untr	y) Mai	ryland	U	SA	WIDO	OWED 🔀 DIV	ORCED		Baltimore,		Md
. CI	TY OR TOWN OF	DEATH		NAME OF HOSPITAL OR INST			120. U	JSUAL O	CCUPATION (Kind of work done 12	2b. KIND OF BUSII	NESS OR
To	owson		Gr	street oddress) eater Balt.	Med	. Center	r Ke	tire	of working life, even if retired.) IN	elephone	Co.
0. l	USUAL RESIDENC	E (Where dece	osed lived, if insti	tution: Residence before 1	3c. CITY	OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER		
odi	mission) STATE	Marylan	Id 13b. COUNTY	Baltimore	par	timore	YES N	NO X	2300 Taylor Ave	nue	
. FA	THER'S NAME	First	Midd	lle Lost		1s. MOTHER'S M.	AIDEN NAME	First	Middle	Lost	
		DuPless	sis M.	Miles	034			Sar		gherty	
o, W	AS DECEASED EV	ER IN U.S. ARMED		16b. SOCIAL SECURITY NO.	. 17	7. INFORMANT			ADDRESS Hyat	tsville	Ma
(16	s, no, or unknow No	(11 yes giv	ive war or dates of service)	212-03-669	7t 1	Mr. C. P	ierce	Mil	es, Jr.4410 Ogle	thrope'	St.
1				line for (o), (b), ond (c).)						APPROXIMATE I	
1	PART I. D	EATH WAS CAUS	SED BY: DIATE CAUSE (o)	Multiple in	njur	ies					
-	8/6.			R AS A CONSEQUENCE OF	10.2	OF EDG	S				
		ny, which gove								11797	
		iote couse (o), derlying couse	DUE TO O	OR AS A CONSEQUENCE OF			4 (4 18)			-1011-	- 102
1	last.) (c)							1433	
F	PART 2. OTHER S	SIGNIFICANT CON	IDITIONS CONTRIBU	ITING TO DEATH BUT NOT R	ELATED 1	TO THE TERMINAL	DISEASE OR	CONDITIO	ON GIVEN IN PART 1(o)		
	190. DATE OF O	PERATION		19b. CONDITION FOR WH	ICH OPEI	RATION		15		20. AUTOPSY	?
				WAS PERFORMED?						YES	NO 🗆
5	210. EXTERNAL		21b. TIME O	F INJURY Month, Doy, Year	21	1c. HOW INJURY	CCURRED (Er	nter noty	re of injury in Port 1 or Port 2, Item	n 18.)	1
3	CAUSE OF DEAT	R CONTRIBUTING H	1:30 x	a.m. BM. 5⊶3 19 €	59	over	cturne	d wi	hich left Expres	sway and	1
Date:	21d. INJURY OCC	CURRED 21e	PLACE OF INJURY	(At home, form, street,	21	LE LOCATION Street	or R.F.D. No	h of	c City or Town	County	Stote
	AT WORK A	T WORK	factory, office build Highway	ing, etc.)		Route 8.	45	.11 01	Baltim	ore	Md.
Ī	22o. I			the remoins described	_				spection , Inquiry ,	and in my	opinion
		sulted from:				Suicide .	Homicia		Undetermined monner	7	r
		00	10	7	4		HEF MEDICAL			~	
	ACTUAL SIGNATURE	(Me	ve U.	d'mi	1				AMINER 22b. DATE SI	GNED	
	EXAMINER'S				-	111101	EPUTY MEDICA		7/	3, 1969	9
1	NAME (Type)	Charle	s S. Spr	ingate, M.D.	1	Al	DRESS(Street	t, city, to	own, or county)		
	BURIAL, CREMAT		b. DATE	23c. NAME OF CE	METERY	OR CREMATORY		23d.	. LOCATION (City or Town) (C	County) - (Sto	ote)
Cı	removal Seci	n'	5/6/69.	Greenme	ount	Cremat	ory		Baltimore, Md		
_	UNERAL DIRECTO			ADDRESS			2So. REC'I	D BY RE	GISTRAR 25b. REGISTRAR'S SIG		
Le	eonard	J. Ruc	k, Inc.R	taltimore, Mo	1. 2	1214	DAMA	Y	5 1969 gclient	as Judge	4

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0659
CEDTIFICATE OF DEATH	(,

		CEKTIFICATE	OL DEVIU				
	rst Midd	le Los	it	2a. DATE OF DEAT		26. HOURA	
(Type or print)	HARLES HEN	RY MILL	ER	^	May 3	1969	7:45
3. SEX	4. RACE	S. DATE	OF BIRTH	6. A	GE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
male	white	2/	3/1884	las	st birthday) 85 YRS.	MONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIEO NEV	ER MARRIEO	9. COUNTY OF DEA	TH		
Baltimore	U.S.	WIDOWED X	DIVORCED 🗀	Balti	more		Mo
10. CITY OR TOWN OF DEATH	give street address)	ALOR INSTITUTION (If not in hos Hill Manor		AL OCCUPATION (Kind ast of working life, -Lt.Poli		12b. KIND OF INDUSTRY Balt	BUSINESS OR O.City
13o. USUAL RESIDENCE (Where decoderission) STATE Md.	eased lived, if institution: Residence 13b. COUNTY Balto.	before 13c. CITY OR TOWN Baltimo	13d. INSIDE CITY LII	MITS? 13e. STREET	AND NUMBER Maple A		
14. FATHER'S NAME First Cha:	rles Mil		ER'S MAIDEN NAME F	irst Annie	Middle	Hal	Lost 1
16o. WAS DECEASED EVER IN U.S. (If yes g	ARMED FORCES? 16b. SOCIAL S vive wor or dates of service) 2 16 - 03	ECURITY NO. 17. INFORMAR ROD	ert C.Mi	ller,so	Address n,2611	21234 Winds	
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line for (b) USED BY: EDIATE CAUSE (a) DUE TO, OR AS A CONSEQU (e) (b)	cinoma Pa	rucrens				MATE INTERVAL NSET AND DEATH
NC	CONDITIONS CONTRIBUTING TO DEAT	N WAS PERFORMEO 200	RMINAL DISEASE ORC	20b. IF YES,	WERE FINDINGS CO	ONSIDERED IN C	ERTIFYING
or contributing Cause of	DEATH HOUR A.M. Month Da	y Year 19	RY OCCURRED (Enter			tem 18.) County	State
22a. I certify that (I)	(this hospital) attended the lolive on two (did did het) vi	19.69, and that	j (my) (our) opi	7, ta MA nion death accu	ged an the do	69, that te ond hour	(1) (we) las and from the
22b. SIGNATURE	uruce C. T.			NED. STA	AFF C	DATE SIGNED	
22d PHYSICIAN'S	. Laurence C.	Post	e. ADDRESS	6805 Yo	rk Road	1	
230. BURIAL, CREMATION, 23 REMOVAL (Specify)	5/6/69	NAME OF CEMETERY OR CREMATE Parkwood Cemenate Pa		23d. LOCATION (C	more, M	(County)	(State)
24. FUNERAL DIRECTOR Schimunek 3331 Bre	Funeral Home,	ADDRESS Inc.	2Sa. REC'D B	7 1969	2Sb. REGISTRAR'S	SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fer director, page 3 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

170002				CERTIFICA	TE OF	DEATH				0659	}2
1. DECEASED-NAME	First		Middle		Lost		2a. DATE	OF DEATH	11001		2b. HOUR
(Type ar print)	Char	les	5.	Mil	ler			May	20°	1969	2:30F
3. SEX		4. RACE		S	. DATE OF BIR	RTH		6. AGE (I	n yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male		Wh	ite	1	April	6, 19	00	lest birt	YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (Stote of country)		7b. CITIZEN OF W		8. MARRIED WIDOWED	NEVER MARK	CED	9. COUNTY	OF DEATH	e.		M
O. CITY OR TOWN OF D			IAME OF HOSPITAL OR II	NSTITUTION (If nat	in haspital		L OCCUPAT	ION (Kind af	work dane	12b. KIND OF	BUSINESS OR
Woodlawn		give	street oddress)	Road		during (ater	ing the even	if retired.)	Balte	o. Cita
130. USUAL RESIDENCE (odmissiagh STATE La	Where decease	lived/ if institu 13b. COUNTY	tion: Residence before	Baltin		YES NO		STREET AND	NUMBER Fult	on Ave.	
14. FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MA	IDEN NAME F	irst		Middle		Lost
Geo.	rae M	.B.	Miller			Ann	ie	7		Kel	ler
160. WAS DECEASED EVE Yes, no ar unknown)			16b. SOCIAL SECURITY		FORMANT				Address		
ARA	WW	or date por service)	212-03-3	109 Mi	SS EST	ther E	. Mi	Uer.	Ridge	Rd.	21207
			ine for (a), (b), and (c).)						BETWEEN C	IMATE INTERVAL ONSET AND DEATH
PART I. DEATH	H WAS CAUSED IMMEDIAT	BY: E CAUSE (a)	ev	A					-	10	day
4367		DUE TO, OR	AS A CONSEQUENCE O	F	0		F .	^			
Conditions, if any,		(b)	Ger	ierali	300	AT	levi	scher	rope	1 ye	2 ray
stoting the under		DUE TO, OR	AS A CONSEQUENCE O		0						
last.	,	(c)	ITALO TO DEATH BUT	UOT DELATED TO	THE TERMINAL	DISTACT ODG	OUDITION (MITH IN GART	14.1		
PART Z. UTHER SIG	SNIFICANT CONL	IIIONS CONTRIBL	JTING TO DEATH BUT I	NOT KELATED TO	THE TERMINAL	DISEASE UKC	י אטוווטאט.	SIVEN IN PAKI	1(0)		
19a. DATE OF OPERA	ATION 19b. CO	ONDITION FOR WE	HICH OPERATION WAS P	ERFORMED	20a. AUTOF	PSY?		D. IF YES, WERI		ONSIDERED IN C	ERTIFYING
					V INJURY OCCI	URRED (Enter	noture of	injury in Part	1 or Part 2,	Item 18.)	
OR CONTRIBUTING				r 19							
21d. INJURY OCCU While Not wh at work at work	RRED 21e. P		(AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.		ATION Street	or R.F.D. No.		City or Town	LÓZ.	County	Stote
saw the o	deceased ali	ve an	tended the decear 5 - 20 - (did nat) view the	19.64, and	that in my	10 - 196 (aur) api			70, 19 an the da	69, that ite and hour	(I) (we) las and from th
22b. SIGNATURE	lewy'	Jala	Covers	M.P. DEGREE	ATTENDING PHYS.	G D M	IED. IRECTOR	STAFF PHYS.		DATE SIGNED	-69
22d. PHYSICIAN'S NAME (Type)	CESAR	VALLE	CAVE	20	22e. ADDR		ibe	nly	Rol		(
23a. BURIAL, CREMATION		ATE	23c. NAME OI	CEMETERY OR C	REMATORY		23d. LOC	ATION (City or	Town)	(Caunty)	(Stote)
REMOVAL (Specify)	Ma	1 24, 1		don Pari				ltimor	e.	Mary	land
24. FUNERAL DIRECTOR	,	· ·	ADDRES	-		2Sa. REC'D B			REGISTRAR'S	SIGNATURE	LAD
John T. St	ansbur	4, Jr6	477 Wind	sor Mil	L Rd.	DATEMAY	44	1000	1	man Harry	The same

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I am should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after dea Page 4 may be retained by the haspital or attending physician. VR A15 (4)

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PARTY OF THE PARTY

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06595 CERTIFICATE OF DEATH 06593 1 DECEASED-NAME Middle First Lost 2g. DATE OF DEATH ictin and completely filled in by the funeral lease remove corbon papers. Pages 1 and 2 and in any event, within 72 hours after death. 2b. HOUR (Type or print) 3 SEX DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS lost birthday) within 24 haurs aft MONTHS DAYS HOURS 70 BIRTAPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country WIDOWED | DIVORCED MAIYlan IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) 140 Mouring mast of warking life, even if retired.) INDUSTRY Towson CheSADERKET 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN be executed 3d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES NO ALTO. 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle John Miller atherine Hammer physician the death certificate, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, po, or unknown) Harry Miller 544 Wyanoke Avenue buriol, crematian, or removal 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Rheatmatic BETWEEN ONSET AND DEATH Rheumatic heart disease with mitral permit. since IMMEDIATE CAUSE (n) insufficiency childhood DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Canditions, if any, which gave) buriol-transit vrs. thot rise to immediate cause (a). DUE TO. OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying couse Congestive heart failure vr. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO S YES | 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while 22a. I certify that (I) (this_bospital) attended the deceased from JULY , 19 68, toMay 18, , 1969, that (I) (we) last saw the deceased alive an May 16, 1969, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above. (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE May 19, May DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Lloyd Saylor 3902 Greenmount 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (State) REMOVAL (Specify) New Cathedral Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR Munice Younge Moran, Inc. 3000 C. Baltimore St.

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FOR STATE HEALTH DEPT.

any delay is

This certificate shauld be executed within 24-hours after death

DICAL EXAMINER:

TO DEPUTY

necessary, please execute the certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 2009. intment of O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State 5 may be retained far yaur files.

VR A15ME(5) 10M REV. 1/68

Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06596

1)()()()		MEDICAL	EXAMINER'S	S CERTIFICA	TE OF DI	EATH		06594	
1. DECEASED-NAME (Type or Print)	First		Middle	Las	t		2o. DATE KNOWN X Month OF ESTI-	Doy Year	2b. HOUR
(Type of Timit)	HER	BERT	T.	M	INOR		DEATH MATED	19	1
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In last birth	years IF UNDER 1 YE	AR IF UNDER	24 HRS.	2c. DATE PRONOUNCED DEAD		2d. HOU
male	negro	1/9/03	66	YRS.	, io	"""	Month Day 19	, Yeor 19 69	A.,
7a. BIRTHPLACE (Stat	te ar foreign	b. CITIZEN OF WHAT C	OUNTRY? 8.	MARRIED NEVE	R MARRIED	9. COU	NTY OF DEATH	1. 1. 1.	7
country) Virg	inia			WIDOWED [DIVORCED _		Baltimore		N
10. CITY OR TOWN O	OF DEATH		of Hospital or Institution of Hospital of Howard Ho				CUPATION (Kind of work done working life, even if retired.)		INESS OR
			Residence befare 13		13d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER		
odnisimy FAT		13b. COUNTY		altimore	YES X	NO 🔲	2638 E. Oliv	er Street	
14. FATHER'S NAME	First	Middle	Last	1s. MOTHER'S	MAIDEN NAME	First	Middle	Las	1
II	nknown					Ali	00		
16a. WAS DECEASED E	VER IN U.S. ARMED F		. SOCIAL SECURITY NO.	17. INFORMANT	11111111111	-8-1-1-1	ADDRESS		
Yes no, or unknown	WII) (If yes give y	var or dates of service)	0-07-547	2 Mrs.	Thoma	Min	or 2638 E. (Oliver S	it.
		y ane cause per line fo		D MI G	moyo			APPROXIMATE	INTERVAL
	DEATH WAS CAUSED	nv		na toma	nlicate	ad by	Pulmonary	BETWEEN ONSET	AND DEATH
968	IMMEDIA		KNONSKANSKONSK		pricate	eu Dy	ruinonary		
Conditions, if	any, which gave	AMAGNIMA	NY PARISINA	EIIIDOLISIII					
	diate cause (a),	(b)	A CONSEQUENCE OF						
last.	nderlying cause	, ,							
PART 2 OTHER	SIGNIFICANT CONDI	TIONS CONTRIBITING	TO DEATH BUT NOT RE	LATED TO THE TERMIN	IAI DISEASE OP	CONDITIO	N CIVEN IN DART 1/a)	1	
TAKT 2. OTTEK	SIGNITICALLY CONDI	TIONS CONTRIBUTION	TO DENIII DOT NOT KE	OTTO TO THE TERMIN	INC DISCUSE OR	CONDINO	N OIVEN IN TAKT 1(0)		
190. DATE OF (OPERATION	196	CONDITION FOR WHIC	CH OPERATION			7 7 7 7 7 7	20. AUTOPS	y?
FICA			WAS PERFORMED?					YES K	NO 🗔
190. DATE OF (CAUSE WAS	21b. TIME OF INJU	RY Month, Doy, Year	21c. HOW INJUR	Y OCCURRED (E	nter notui	re of injury in Port 1 or Part 2.		
	OR CONTRIBUTING	3:50 P.M.	3/8/19 6				ng altercation	,	
CAUSE OF DEA		LACE OF INJURY (At he		21f. LOCATION S			City or Town	County	State
WHILE AT WORK		tory, affice building, et	c.)				t., Baltimore,	Maruland	
		home							
		•	emoins described				pection , Inquiry [y opinio
death re	esulted from:	Noturol causes	, Accident [, Suicide [, Homici	de 🕅,	_ Undetermined monne		
ACTUAL	11110	-1.8/2	1001		CHIEF MEDICAL				
SIGNATURE _	1100	vusvy	1/-	M.D.	ASSISTANT MED		~ /	TE SIGNED	
EXAMINER'S NAME (Type)	Werr	er U. Spi	te, M.D.		DEPUTY MEDIC ADDRESS(Stree		wn, ar county)	20/69	Tuis.
23a. BURIAL, CREMA	ATION, 23b.	DATE .	23c. NAME OF CEN	METERY OR CREMATOR	Y	23d.	LOCATION (City or Town)	(County) (S	itate)
REMOVAL (Spe- Burial	5/	22/69	Balto N	ational	Cemet	erv	Balto. Md.		
24. FUNERAL DIREC	TOR		ADDRESS		2Sa. REC	D BY DEC	SISTRAR 256. PECKETAR	S SIGNATUR	-0.
Wm. C.	March	928 E. N	orth Ave	·Balto.	Id DATE	11 4	A PRODE		

0.6596 averaged and ITA . TRO-07-6472 Pro . Chore . Com Sons C. Claver Br. Surjed at 5/29/03 Eduto lab onel Come burn to the Was C. March 986 M. North Ave. Balte. Mar. PM3. Page

in pench in Item 18. Give Pages 1, 2, and 3 to

This certificate shauld be executed within 24 haurs after death

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06597

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	=			WEDIC	AL EXAMI	NEK,2 C	EKTIFICA	IF OF DE	AIH				
		CEASED-NAME ype ar Print)	First JUST	0	Middle THOMAS		lost IRAGLI			20. DATE KNOWN Manth OF ESTI- DEATH MATED MAY	23	Year 1969	31. HOW M
		male	4. RACE White	5. DATE OF BIR 2/9/1	.8	5. AGE (In years last birthday) 51 YRS		YS HOURS	MIN	2c. DATE PRONOUNCED DEAD Month: MAY Doy 2	3 Ye	or 196 9	2d. HOUR
	count	ry) N • Y	•		S.A.	WID		DIVORCED		Baltimore			Md.
1	10. C1	TY OR TOWN OF Colga.			AME OF HOSPITAL (during	Cha	UPATION (Kind of work done working life, even if retired.) UITER - FOREIT		Sanit	tation
		USUAL RESIDENCE mission) STATE	(Where deceosed Md.	lived, if institution 13b. COUNTY 2	tian: Residence b	efore 13c. CIT	OR TOWN	YES N		130. STREET AND NUMBER 7020 Bank S	it.	nept	
	14. F/	ATHER'S NAME	First Joseph	Middle	Miragl	lost ia	15. MOTHER'S	MAIDEN NAME	First	Middle unknown		Last	
	16a. V (Ye	VAS DECEASED EVE es, no, ar unknowr yes	R IN U.S. ARMED FOI	CES? or dates of service)	16b. SOCIAL SECUR	RITY NO.	17. INFORMANT Audre	y Mira	agli	a, wife, ab	ove		
			y, which gave) ote couse (o), (CAUSE (a) DUE TO, OR	AS A CONSEQUENT	CE OF	ay C	Sis	us	si al		APPROXIMATE I TWEEN ONSET A	
		PART 2. OTHER SI		ONS CONTRIBUTI	19b. CONDITION F	OR WHICH OF		AL DISEASE OR C	CONDITION	GIVEN IN PART 1(0)	21	0. AUTOPSY	? ;
	MEDICAL CERTIFICATION	21a. EXTERNAL CO	CONTRIBUTING [21b. TIME OF HOUR A.I			21c. HOW INJURY	Y OCCURRED (En	nter nature	e of injury in Part 1 or Port 2,	Item 18.)	YES	NO OF
	MED	21d. INJURY OCCI	URRED 21e. PLA		At hame, farm, str	eet,	21f. LOCATION St	reet ar R.F.D. No.	•	City ar Town	Caun	ity	Stote
9		22a. l c	ertify that I tag	Natural caus		ident [],	Suicide	, Hamicid CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICA	EXAMINER	AINER 22b. DA	TE SIGNED	2C.	
1	23a.	BURIAL, CREMATI REMOVAL (Specif Buria	v)	ATE 27/69			Y OR CREMATOR	Y	23d.	LOCATION (City or Town) Baltimore, M	(County	(St	ote)
1	24.	CHMEDAL DIDECTO			A	DDDECC				STRAR 1969 25b. REGISTRAR		Jecolge	-

VR A15ME (5)

3331

Brehms Lane

Health

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of

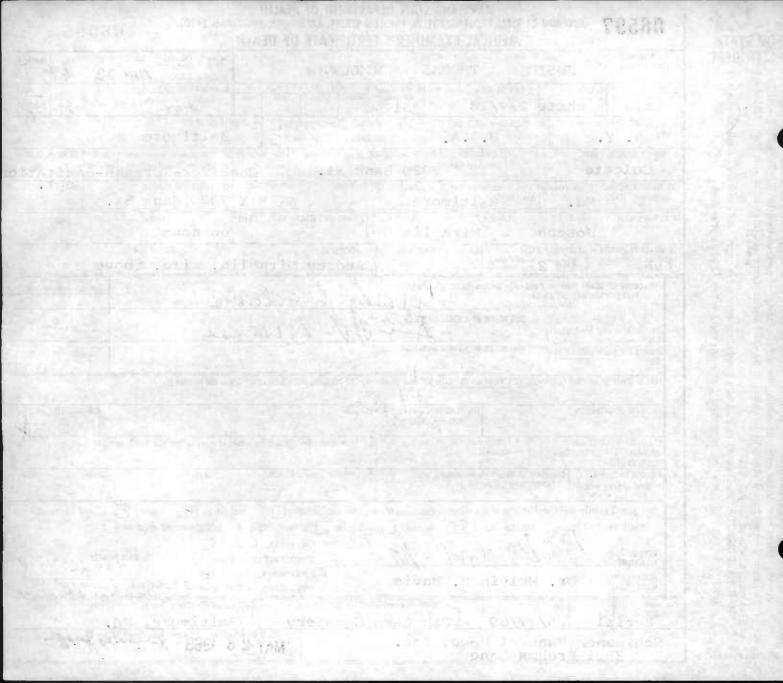
the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's

necessary, please execute the certificate, writing the word "pending"

DICAL EXAMINER:

TO DEPUTY

prior to burial, crematian, ar removal. and in any event within 72 hours after death.



Bridge Boller

A CAN CAR A STATE OF THE STATE

Market Street

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First DECEASED-NAME Middle Lost 20 DATE OF DEATH executed within 24 hours after death 0.0 (Type or print) Isaac Ernest Moses 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years by the lost birthdoy) Male White 3/16/87 and completely filled in by remove carbon papers. For n any event, within 72 hours 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Pennsylvania U. S. A. WIDOWED K DIVORCED [Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street oddress) during most of working life, even if refired)
Purchasing Agent Spring Grove State Hosp. Catonsville and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YESTY NO 205 Dunbeath Court timore Lutherville rvland 14. FATHER'S NAME First Middle last IS. MOTHER'S MAIDEN NAME First Moses Unknown Please physician that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) buriol, cremotion, or removol, 159-09-1091-A Records -- Spring Grove State Hospital 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: CAUSED BY: IMMEDIATE (AUSE (o) Lobar pneumonia, right lung permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-tronsit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF physicion. stoting the underlying couse os the prior to b TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? OR ATTENDING PHYSICIAN: The af Health p YES X NO 🗔 Poge 4 moy be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M director, page 3 should be detache should be filed with the Stote Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. While Not while of work 7/5/60 19 00 ta 22a. I certify that 🐧 (this haspital) attended the deceased fram. saw the deceased alive on.... causes stated above, M (we) (did) (did not ky ew the bady after death 22h SIGNATUR ATTENDING STAFF DEGREE DIRECTOR 22d, PHYSICIAN'S 22e. ADDRESS NAME (Type) Rafael H. Marin, M.D.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item IB.) City or Town County Stote Mav May 154 1969, and that in (A) (aur) apinian death accurred an the date and haur and fram the 22c. DATE SIGNED 5-15-69 Spring Grove State Hospital 23b. DATE 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Rem Buria Philadelphia Pa 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE & Sons Co Mary Dag

06597

12b. KIND OF BUSINESS OR

INDUSTRY Heavy

Middle

Address

IF LUNDER I YEAR

3.

HOURS

Lost

APPROXIMATE INTERVAL

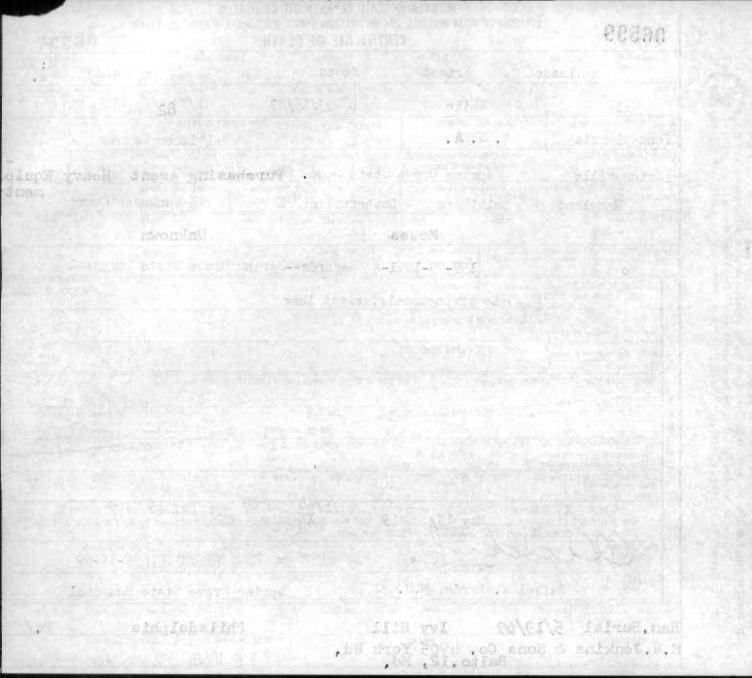
BETWEEN ONSET AND DEATH

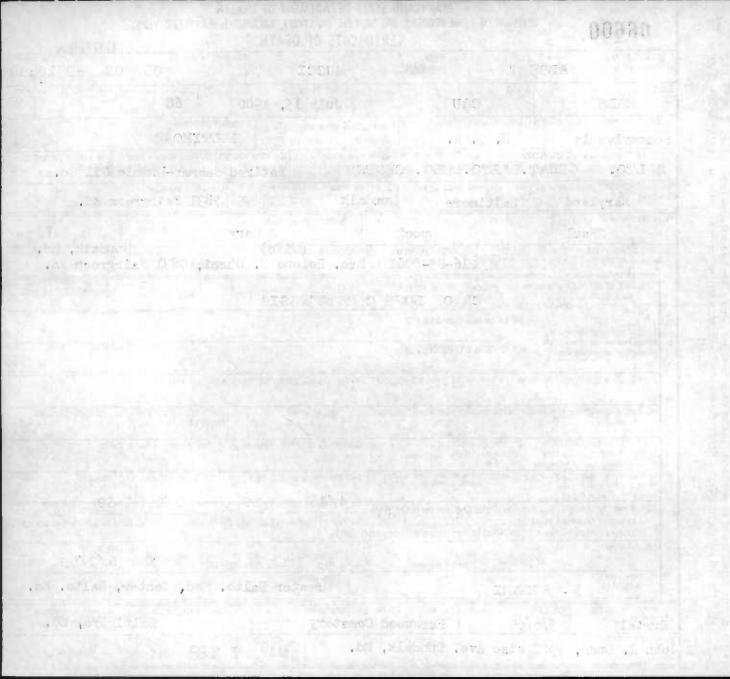
IF UNDER 24 HRS

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VR A15 (4)





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20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State 22a. I certify that (I) (this haspital) attended the deceased from 1964, ta 1964, ta 1964, ta 1964, that (I) (we) last saw the deceased alive on 1967, and that in (my) (aur) apinian death accurred an the date and haur and from the 22c. DATE SIGNED NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR DDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATEMAY Thereles Ja

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12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

2b. HOUR

IF LINDER 24 HRS

HOURS

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06601

OAYS

12b. KIND OF BUSINESS OR

INDUSTRY

ZHTHOM

2b. HOUR

HOURS

06603 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2o. DATE OF DEATH death. executed within 24 hours after death. (Type or print) completely filled in by the funeral ave carban papers. Pages 1 and MUMAW 3 SEX S. DATE OF BIRTH 6. AGE (In years lost birthdoy) 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED T DIVORCED within 120. USUAY OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 13e. STREET AND NUMBER RESIDENCE (Where deceased lived, if institution: Residence before 13b. COUNTY odmission) STATE remave in any 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First pup requires that the death certificate-be please physkian and 160. WAS DESEASED EVER IN U.S. ARMED 6b. SOCIAL SECURITY NO. of unknown) (If yes give war or dates of service) burial, cremation, ar remaval, the attending parties of the CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ! burial-transit rise to immediate couse (a). signed by attending physician, stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Health priar ta Carplia has been the 190. DATE OF OPERATION 20o. AUTOPSY? OS CAUSES OF DEATH? YES 🗀 NO F O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) to. OR CONTRIBUTING CAUSE OF DEATH by the hospital HOUR A.M. Month Doy Year be detached for State Dept. af H P.M (If either, notify medical examiner) AT HOME, FARM, STREET, FACTORY, \$\ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town OFFICE BUILDING, ETC. While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive an Income O HOSPITAL OR ATTEND Page 4 may be retained shauld (we) (did) did not) view the bady after death. causes stated abave. (1) ATTENDING PHYS. DIRECTOR PHYS PHYSICIAN'S NAME (Type) 22e. ADDRESS director, por CEMETERY OR PREMATORY BURIAL, CREMATION

Address BETWEEN ONSET AND GEATH dair 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING Stote County 1964, and that in (my) (cor) apinian death accurred on the date and have and from the 22c. DATE SIGNE (County) 25b. REGISTRAR'S SIGNATURE

OM REVISES

I Wage Francis Commence Will a will be supplied to the commence of the same of

Krause Funeral Home 1216S. Charles St.

MARYLAND STATE DEPARTMENT OF HEALTH

Items2a,2b&21b

VR A15ME (5) 10M REV. 1/48 24. FUNERAL DIRECTOR

06602

Home

Last

BETWEEN ONSET AND DEATH

20. AUTOPSY?

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(County)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1.5	3.0	13	1.2	

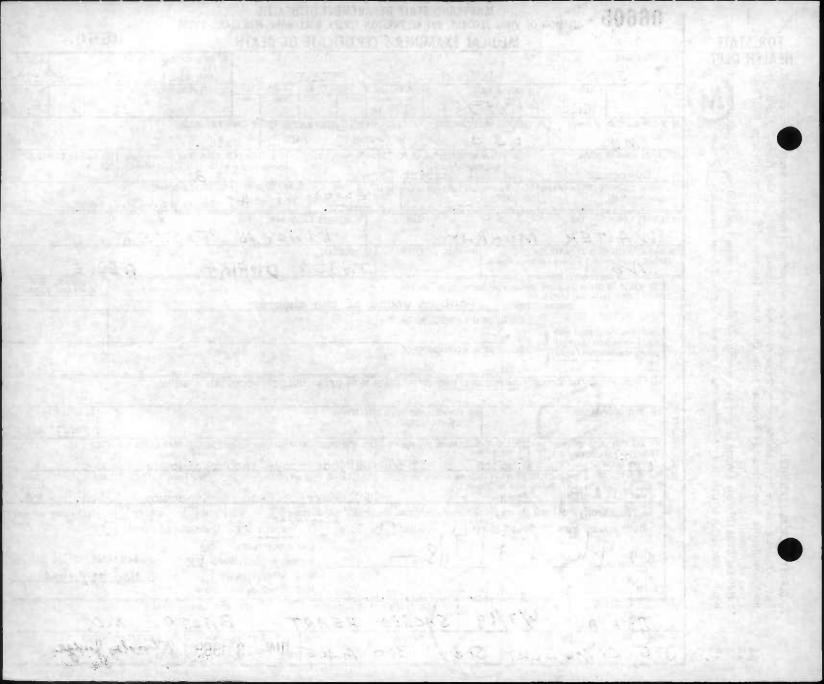
	DECEASED-NAME Firs	t	Middle		Lost			KNOWNE	Month	Day	Yeor	2b. HOUR
1	JOSEPH	HEN	DRON	M	URRAY		OF DEATH	MATED	5 3	31	1969	5:10m
3. 9	SEX 4. RACE	S. DATE OF BIRTI		(In years IF UN rthday) MONTHS	DER I YEAR IF UN	NDER 24 HRS.	2c. DATE F	PRONOUNCED				2d. HOUR
1	Male White	12/22	151 17		DATS HOUR	D MIN	Month	May	Doy 31	Yeor	19 69	5:10
70.		7b. CITIZEN OF WHA	COUNTRY? 8	MARRIED	NEVER MARRIED	9. COU	NTY OF DE	ATH	11/25		G-101	
COU	ntry) MO-	V5 A	2	WIDOWED] DIVORCED [□ B	alto.					Md.
10.	CITY OR TOWN OF DEATH	11. NAJ	ME OF HOSPITAL OR INS	TITUTION (If nat		a. USUAL OC				12b. KIND INDUSTRY	OF BUSIN	ESS OR
_	Edgemere	9"50	eet oddress) 1 Merritt	Lane			S B.	,		INDUSTRI	70.75	
130	. USUAL RESIDENCE (Where decea admission) STATE Md.	sed lived, if instituti	an: Residence before	13c. CITY OR TOW ESS Balt	EX VEC E	NO A		TAND NUM 5 Nic		on_Rd		
14.	FATHER'S NAME First	Middle	Last		THER'S MAIDEN NA	ME First		Mid			Lost	
	WALTER	MURR	AY		BLAN	CHE	T	EST	ER			
	WAS DECEASED EVER IN U.S. ARMED Yes, na, og unknown) (If yes give	FORCES?	6b. SOCIAL SECURITY NO				7	ADDRES		0.	, pro-	
	Tes, III., Marking will (it yes give	Mai or dates of service)		JA.	MES	DURI	KA		H	BOV		
	18. CAUSE OF DEATH (Enter or	m m14	1 1. 1 1								PROXIMATE IN VEEN ONSET AF	
	PART 1. DEATH WAS CAUSE IMMEDI	ATE CAUSE (o)	Shotgun wo	ound of	the abdo	men	W = 7					
	965 X		S A CONSEQUENCE OF									
	Canditions, if ony, which gove rise to immediate couse (a),	(b)						K . L			400	
	stoting the underlying couse	DUE TO, OR	S A CONSEQUENCE OF									
	last.) (c)			,							
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTIN	G TO DEATH BUT NOT	RELATED TO THE 1	TERMINAL DISEASE	OR CONDITIO	N GIVEN IN	PART 1(o)				
NOI	190. DATE OF OPERATION	li li	9b. CONDITION FOR WI	HICH OPERATION						120	AUTOPSY?	
FICA	Tro. DATE OF OTERATION	4 - 1	WAS PERFORMED?	ileji Orekvilok							YES	NO 🗆
CERTIFICATION	21a. EXTERNAL CAUSE WAS	21b. TIME OF IN	JURY Manth, Day, Year	21c. HOW	INJURY OCCURRED	(Enter notus	re of injury	in Part 1 a	r Port 2, It		, CXX	
MEDICAL	PRIMARY OR CONTRIBUTING	☐ HOUR A.M 3:56 ≥84M			ect brok					- 355		
MED	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (At	hame, farm, street,	21f. LOCAT	ION Street or R.F.D	. No.	City	or Town	E	County	10.11	Stote
	WHILE NOT WHILE TO	actory, affice building, House	etc.)	501	Merritt	T.ane	Fd	gemer	e I	Balto	-	Md.
	22a. I certify that I		e remains describe				pection	-	quiry [1	d in my	
	death_resulted from:	Natural cause				icide XX		ermined				
		171	ATITO			CAL EXAMINE	R \square			9 8		
	ACTUAL SIGNATURE	19 11	VIX	7		MEDICAL EXA		k	22b. DATE	SIGNED		
	EXAMINER'S				HLU.	DICAL EXAMI			May	31.	1969	9
	NAME (Type)	Edward F	. Wilson.	M.D.	ADDRESS(St	treet, city, ta	wn, ar cour	nty)			331	
230		DATE / - /	23c. NAME OF C	EMETERY OR CRE	MATORY	23d.	LOCATION	(City or Taw	vn)	(County)	(Sto	ite)
L	REMOVAL (Specify)	4/3/69	SACR		FART		BAL			ND.		
24.	FUNERAL DIRECTOR		ADDRES			REC'D BY REC	SISTRAR 1000	2Sb RE	CISTRAR'S	SIGNATURE	des.	
1	T.G. CONNE	: LLY 3	ions 3	00 M	ACE DIME	3	1969	166		1	0	

VR A15ME (5):

5 may be retained far yaur files.

TO DEPUTY

Health prior to burial, cremation, ar remaval, and in any event within 72 haurs after death



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

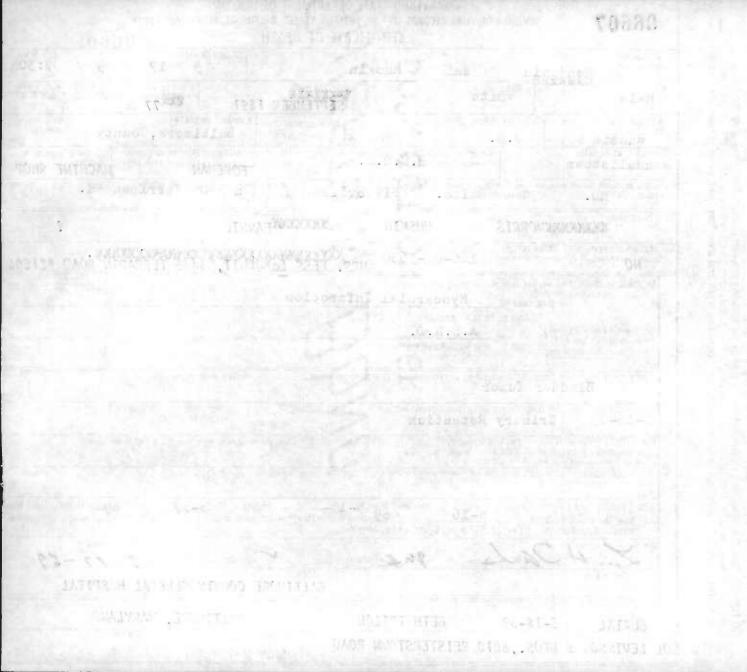
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	ECEASED-NAME	First		Middle		Lost		20. DATE OF			2b. HOUR
(1	Type or print)	Mildr	ed	N.	Murra	V		May	Month 17 D	1969). M
3. SE	Female		4. RACE Wh	ite		S. DATE OF B	27, 19		6. AGE (In years last birthdoy) YRS	MONTHS OAYS	
	BIRTHPLACE (Stote or ntry) Maryl	-	75. CITIZEN OF WHA USA		WIDOWED		RCED _	COUNTY OF	DEATH Baltim	ore,	Md
1	city or town of de Timoniu	m	give str	E OF HOSPITAL OR IN	Spri	ng Rd.	during mos	tof working Housev	(Kind af work done life, eyen if retired.) NII @		OF BUSINESS OR
	USUAL RESIDENCE (Vission) STATE	Vhere decease	d lived, if institution	n: Residence befare altimor	eTimo	nium	YES NO	13e. STI 23	REET AND NUMBER 05 Pot S		Road
14. 1		First Saac	Middle	Lloyd	1	S. MOTHER'S M	AIDEN NAME Firs	nnie	Middle	Stei	lost
16a. Y	. WAS DECEASED EVER (es, no, or unknown)	IN U.S. ARME	D FORCES? or dates of service)	6b. SOCIAL SECURITY		INFORMANT	ane N.	Swart	Address	(5	Same)
	1B. CAUSE OF DEA PART I. DEATH	TH (Enter only WAS CAUSED IMMEDIAT	BY: E CAUSE (a)).) Carci	noma to				APPRO	OXIMATE INTERVAL N ONSET AND DEATH
	Conditions, if ony, nise to immediate stating the underlast. PART 2. OTHER SIG	couse (o), (ying couse	DUE TO, OR AS		Ca Of	tasis Breast O THE TERMINA		NDITION GIVE	N IN PART 1(o)		
CERTIFICATION	19a. DATE OF OPERAT	10-	ondition for which		ERFORMED	20a. AUTO			YES, WERE FINDINGS OF DEATH?	CONSIDERED IN	CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify me	UNDERLYING CAUSE OF DEATH	21b. TIME OF I HOUR A.M. P.M.	NJURY Month Doy Year	19			nature of inju	ry in Part 1 ar Part 2	, Item 18.)	
ME	21d. INJURY OCCUR While Not whil ot wark at work		PLACE OF INJURY (7	ar Tawn	Caunty	State
	220. I certify to sow the d causes sto	hot (I) (this eceased ali ited obove,	hospitol) often ve on (H) (wex did) (c	ded the decease hid not) view the	sed from 19 7, an body after	d that in (m	, 19 ny) (our) apin	ion deoth o	occurred on the o	9 <u>09</u> , the late and hav	at (I) (we) last r ond from the
	22b. SIGNATURE	has	to T.	Koo	DEG	1 1110.		D. RECTOR	STAFF PHYS. 224	DATE SIGNED	41969
	22d. PHYSICIAN'S NAME (Type)	WAL	TER	T-K	EES	22e. ADI	DRESS CC	che		" Tust	
	BURIAL, CREMATION	5/3	21/69	Balti		crematory ational		Ba]	ON (City or Town) Ltimore, N	laryland	(Stote)
24. L	FUNERAL DIRECTOR	J. Ruk	Inc. Ba	alto. Mo			DATE AY		2Sb. REGISTRAR	'S SIGNATURE	de :

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06605 Last 2a. DATE OF DEATH 26. HOUR 7:30g Day 69 Year 5 Mont 7 nmi Muskin Benjamin 4. RACE White DATE OF BUTTE 6. AGE (In years IF UNGER I YEAR IF UNDER 24 HRS. SEPTEMBER 1891 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore, County U.S. WIDOWEDX7 DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give shape address) B.C.G.B. 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR MACHINE SHOP during mast of working life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) STATE MD. | 13b. COUNTY Balto. 13c. CITY OR TOWN Pikes VIIIe Merripan Rd. IS. MOTHER'S MAIDEN NAME First Last 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 166-01-3630 (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN GNSET AND DEATH Myocardial Infarction IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF A.S.H.D. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING Urinary Retention CAUSES OF DEATH? YES 🗍 NO 🖂 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY HOUR A.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State 22a. I certify that (I) (this hospital) ottended the deceased from 5-15- , 19.69 , to 5-17 , 19.69 , that (I) (we) last saw the deceased alive an 19.69 , and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BALTIMORE COUNTY GENERAL HOSPITAL 23b, DATE 23d. LOCATION (City ar Tawn) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (Caunty) (State) BALTIMORE, MARYLAND BETH TFILOH 5-18-69 SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR Thereton Justas

director, should



- 0 -00	1				TE DEPARTMENT OF			
140		06608	DIVISION OF \		V. PRESTON STREET, BALT	TIMORE, MARYLAND 212	01 06606	
		ECEASED-NAME First		Middle	Last	2g. DATE OF DEATH		2b. HOUR
	(Type ar print)	llen	McIlvaine	Nelson	May 2	7. 1969	8 A
	3. S	EX	4. RACE		5. DATE OF BIRTH	6. AGE (In year	S IF UNDER I YEAR	IF UNDER 24 HRS.
		F	W		June 23,	1886 last birthday)	YRS. MONTHS DAYS	HOURS MIN
		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	MAK	RIED NEVER MARRIED	9. COUNTY OF DEATH		
		Phila Pa	U.S.A		WED DIVORCED	Baltimore		M
)		Stevenson	val	eet address) Rd & P	ark Hghts .Av	AL OCCUPATION (Kind of work of nost of working life, even if retine Homemak	dane 12b. KIND OF E INDUSTRY Own	Home Home
3	13a. odm	USUAL RESIDENCE (Where deceo ission) STATE Md.	sed lived, if institution	n: Residence befare 13c. Cl	Y OR TOWN 13d. INSIDE CITY I	13e. STREET AND NUMBER OF Valley Rd.	ER	Ave.
1	14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAME			Last
		Henr		McIlvaine		Fanny Ra	ndall	
	160			66. SOCIAL SECURITY NO. 16-01-4804	17. INFORMANT	Addre		
		NO			John M. Nels	son, III (Same)	197
	-3	1B. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	far (a), (b), and (c).)	Marin of 6	lusion	BETWEEN ON	ATE INTERVAL
		4109 IMMEDI	ATE CAUSE (d)		ready out	eccos,	nun	wes
		Conditions, if any, which gave		a consequence of	arteres Du	seare	6,51	010
		rise to immediate cause (a), stating the underlying couse	(0)	A CONSEQUENCE OF			90	2001
		last.	(c)				45.0	
		PART 2. OTHER SIGNIFICANT CO.	NDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		
	NO	10- DATE OF OPERATION Int	COMPLETION SOR WILLS	L COSTOLINA DE LA COSTOLINA DE				
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDI CAUSES OF DEATH?	NGS CONSIDERED IN CER	RTIFYING
	CERT	21a. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF I	VIURY 12	c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or De	art 2 Itam ID)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA'	TH HOUR A.M.	Manth Day Year	CENTER OCCURRED (EITH	notore of filling in Port 1 of Po	z, mem 16.)	
	MED	21d INITIRY OCCURRED 21e	PLACE OF INITIRY /A	HOME, FARM, STREET, FACTORY.) 2	If. LOCATION Street ar R.F.D. No	. City or Town	County	State
		While Nat while at work at wark	(0	FICE BUILDING, ETC.	+7	1. 1	(0	01010
		22a. I certify that (I) (#	is hospital) atten	ded the deceased fran	Jan 19/	08, to May 27	, 19 , that ((I) (ane) las
				9 19 69 (identity) view the body by		inian deoth occurred an th	e date and hour a	nd from th
		22b. SIGNATURE	s, (1) (b c) (did) (d	with view life body di			22c DATE SIGNED	
		Nula	lh 3.3	rutr.	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	5 127/0	09
		22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS			
		Dr.		F. Fritz	2 W.	University		
		BURIAL, CREMATION, 23b. REMOVAL (Specify) 5/		23c. NAME OF CEMETER		23d. LOCATION (City or Town)		(State)
1	24		29/69	St. Thomas	1250 PEC'D D	Garrison For	rest.	Md.
	H.	FUNERAL DIRECTOR &		4905 Yor	Rd. DATEMAY		Lander and	
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TO FUNERAL DIRECTOR: After this certificate

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	5/1/69		TETS MARKE DESIGNATIONS		
g Al	i N. _E M.J. T.		CTG TANAL DESIGNATIONS CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	A CONTRACTOR OF THE CONTRACTOR	

6	_ 1	06611	DIVISION OF VITAL RECORDS,	ID STATE DEPARTMENT OF 301 W. PRESTON STREET, BA CERTIFICATE OF DEATI	LTIMORE, MARYLAND 21201	06609		
	er death. funeral 1 and 2 er death.	1. DECEASED-NAME Fir (Type or print) JOF		OBERY	2a. DATE OF DEATH Month Do	2b. HOUR		
	the furnisher safter for safter rs after	3. SEX MALE	4. RACE WHITE	5. DATE OF BIRTH 5/10/87	6. AGE (In years lost birthdoy) 82 YRS.	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN		
•	d in the	7a. BIRTHPLACE (State or foreign country YLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED X WIDOWED DIVORCED	9. COUNTY OF DEATH BALTIMORE	Md		
	within ban ban ban within	10. CITY OR TOWN OF DEATH FORT HOWARD	11. NAME OF HOSPITAL OR IN give street address) VET ADM HO	SPTTAT.	SUAL OCCUPATION (Kind of work done mast of working life, even if retired.) FLOR TST	12b. KIND OF BUSINESS OR INDUSTRY FLORTST SHOP		
7	camplet ave carl	admission) STATMARYTANI	ased lived, if institution: Residence before	ANNAPOLIS 13d. INSIDE CO	NO□ 102 Old Pro			
1	law requires that the death certificate be executed within 24 haurs after nding physician. been signed by the attending physician and campletely filled in the furst he burial-transit permit. Then please remave corban papers, bogs I iar to burial, cremation, ar remaval, and in any event, within 22 hours after	14. FATHER'S NAME First CHARLE			E First Middle BERTHA	WEAVER		
		YES V	war or dates of service 216 46	66 98 CLIN.RECORD	Address S. VA HOSP. FT HOW	JARD, MD.		
	he death ce attending permit. Th	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA)	only ane cause per line for (a), (b), and (c) EED BY: CONGESTIVE DIATE CAUSE (a)	HEART FAILURE		APPROXIMATE INTERVAL BETWEEN DISET AND DEATH 1 MONTH		
	that the d an. by the att transit perr cremation,	Canditians, if any, which gave rise to immediate couse (a)	DUE TO, OR AS A CONSEQUENCE OF (b) ARTERIOSCI	EROTIC HEART DISE	ASE	YEARS		
	equires that the physician. Signed by the burial-transit burial, cremate	stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF					
3	The law requires the attending physician. has been signed by se as the burial-traith priar to burial, are		ONDITIONS CONTRIBUTING TO DEATH BUT N					
11	The atternation of the second of the property	RIFIG	o. CONDITION FOR WHICH OPERATION WAS PE	YES NO				
	YSICIAN: The law reaspital ar attending certificate has been hed far use as the hit af Health priar to	☐ DR CONTRIBUTING ☐ CAUSE DF OF	ATH HOUR A.M. Manth Day Year P.M.	,	nter nature of injury in Part 1 ar Part 2,	Item 18.)		
	this this detact	While Nat while at wark at work		CTDRY,) 21f. LOCATION Street or R.F.D.		County State		
	OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 should be detached for u ed with the State Dept. af Heal	22a. I certify that (1)c(t saw the deceased causes stated above	his haspital) attended the decease alive an	ed fram <u>4/3/69</u> , 19 9, and that in (ax y) (aur) o	pinian death accurred an the de	that (\$\mathbb{F} (we) last ate and haur and fram the		
•	OR ATI	226. SIGNATURE PHYS. DEGREE PHYS. DIRECTOR PHYS. 220. DATE SIGNED 226. DEGREE PHYS. DIRECTOR PHYS. 220. DATE SIGNED 5/21/69						
	TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 shauld be a shauld be filed with the State	RT HOWARD, MARYLAN						
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	23d. BURIAL, (REMATION, REMOVAL (SPRETCH) 23b. DATE 23 YAME OF CEMETERY OR CREMATIORY 23d. LOCATION (City or Town) (County) (State) ANNAPOLIS, MARYLAND						
	VR A15 (4) 0	24. FUNERAL DIRECTOR Some	Jan TAYLOR ANNAP	FUNERAL HOME 250. RECT	BY REGISTRAR 25b. REGISTRAR'S			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CERTIF	ICATE U	r DEATH			0 (610	
	SED-NAME or print)	First		Middle		Lost		20. DA	TE OF DEATH Month		_	2b. HOUR
3. SEX	L m	ma	NACT.	M.		etting						1 1 4 4 1 7
3. 3EX	Female	4. K	RACE Wh	ite		5. DATE OF	7, 1881	L	6. AGE (In lost birthd	years loγ) M YRS.	ONTHS DAYS	HOURS MIN.
7a. BIRT	HPLACE (State or fareig	n 7b. CI1	TIZEN OF WH	HAT COUNTRY?	8. MARRIE	ED NEVER A	MARRIED	9. COUNT	TY OF DEATH			
cooiiii y ;	Balto.	t	J. S.	A.	WIDOWE		VORCED 🗌		Balto.			M
O. CITY	OR TOWN OF DEATH			AME OF HOSPITAL OR IN	STITUTION (I	If not in hospita		AL OCCUPA	ATION (Kind of wo	rk dane		F BUSINESS OR
	onsville				mit 1	Home	He He	ost of war	rking life, even if	retired.)	INDUSTRY	
3a. USU	IAL RESIDENCE (Where on) STATE		d, if instituti	ion: Residence befare	13c. CITY	OR TOWN	13d. INSIDE CITY L		3e. STREET AND NU			
74111133141	Md.	V 130	. COUNT		Bal	to.	YES NO		190 S. Ko	ssuth	St.	
14. FATH	ER'S NAME First		Middle	Last			MAIDEN NAME F	irst		Middle		Last
	Edward			Hickman			ephine			Be	arrick	
	S DECEASED EVER IN U.:	S. ARMED FOR		16b. SOCIAL SECURITY		7. INFORMANT	Ellicot	t Ci		ddress	21043	
103,1	no					Donald	C. Oetti	nger	174 Vall	ey Rd.		
1B.	CAUSE OF DEATH (En	ter only ane	cause per lin	ne far (a), (b), ond (c).	1 0							ONSET AND DEATH
	PART I. DEATH WAS (.AUSED BY:	SE (a)		- Se	pli	Cemia				4	Man.
10	104.9		, ,	S A CONSEQUENCE OF	/	^	1	, ,	1	1		
	nditions, if ony which	gave)	(h)	Ch.	Some	i Lun	abote	· Le	« Kemic	1	2	11482
	to immediate couse		UE TO, OR A	S A CONSEQUENCE OF	1000	1	y ne				0	7 40
losi		1036	(c)	1 2 2 2 1								
PA	RT 2. OTHER SIGNIFICAN	T CONDITION		TING TO DEATH BUT N	OT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION	GIVEN IN PART 16	1)	1	
										,		
CERTIFICATION 130	. DATE OF OPERATION	19b. CONDITI	ON FOR WHI	ICH OPERATION WAS PE	RFORMED	20a. Al	JTOPSY?	2	Ob. IF YES, WERE F	INDINGS CON	SIDERED IN C	ERTIFYING
HE						YES	NO 🗆	C	AUSES OF DEATH?			
	. ACCIDENT WAS UNDE		1b. TIME OF		21c.	HOW INJURY		nature a	f injury in Part 1 a	r Part 2, Ite	m 1B.)	
MEDICAL	OR CONTRIBUTING CAUSE either, natify medical e	OF DEATH	HOUR A.M. P.M.	Manth Day Year						15		
- //	d. INJURY OCCURRED	21e. PLACE (DE INIURY (AT HOME, FARM, STREET, FAC		LOCATION SI	reet ar R.F.D. No.		City or Town		Caunty	State
What w	nile Nat while	10,159	-	OFFICE BUILDING, ETC.	/							3.0.0
	a. I certify that () (this has	ette (letiq	ended the decease	ed fram		. 19_6	7. to	Mag	9 19 0	& that	(1) (we) las
	saw the decease	ed alive ar	1 /	distriction of the	9 690	nd that in (my) (aur) api	nian de	ath accupied ar	the date	and haur	and fram the
-		bovg, (1), (1	(did) ((district) view the	bady afte	r death.						
22b	. SIGNATURE	11,1	sen)	Mcfa	es DE	GREE PHYS.		ED. IRECTOR	STAFF PHYS.	22c. DA	TE SIGNED	- 19
22d	. PHYSICIANS	- CO	7-70	M		11113.	DDRESS	IKLCIOK		1	- 11	01
	NAME (Type)	NEL	SON	111 cf A	4,1	12 60	014ED.	MON	PSON /	tot 1	Salto 1	MO-
		23b. DATE		23c. NAME OF	CEMETERY C	R CREMATORY		23d. LO	CATION (City or To	wn)	(County)	(State)
REA	OVAL (Specify)	May 13	, 1969	9 Loudon	n Park	Cem.			lto. Md.			
24. FUNI		lto. M					2Sa. REC'D B	Y REGISTR.	AR 2Sb., RE	GISTRAR'S SI	GNATURE	00
G. 7	Fruman Schw	ab 515	1 Bali	to. Nation	al Pik	re er	DATAY]	5 1	969	Lies-ALS	0	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completed filled in by a director, page 3 should be detached far use as the burial-transit permit. Then please remove corban pagers. Pashould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospitol or ottending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the executed within 24 haurs after death.

Poge 4 may be retained by the hospital or ottending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1 DE	CEASED-NAME	Fire		A4: 1.11.							000	
	ype or print)	First		Middle		Lost		20.	DATE OF D	44 1	Doy Yeor	2b. HOURA
		THO	-	JOSEPH	0	LEAR	Y		MAY	28,	1969	5:55 M
3. SE)	X .		4. RACE			. DATE OF E				. AGE (In years	IF UNGER 1 YEAR	
	MALE			WHITE		SEPTE	MBER	15, 1	.892	lost birthday)	RS. MONTHS DAY	YS HOURS MIN
	IRTHPLACE (Stote ar	fareign 7	7b. CITIZEN OF V	VHAT COUNTRY? 8.	MARRIED [INTY OF D	EATH		
count	MARYLAI	DVD	U		IDOWED X		RCED	B/	LTIM	TOF		44.1
10. CI	TY OR TOWN OF DEA	TH		NAME OF HOSPITAL OR INSTITU	44.46					(ind of work do	ne 12h KIND	OF BUSINESS OR
	TOWSON		give	ST. JOSEPH	HOSPI	TAL	durir	POLIC		e, even if retired	INDUSTRY	
130. l	USUAL RESIDENCE (W		lived, if institution 136. COUNTY	ution: Residence befare 13c	. CITY OR T	OWN	1000	CITY LIMITS?	13e. STRE	ET AND NUMBER		
-	MARYLAI	VD OV	130. COUNT	B	ALTIM	ORE	YES	NO [319	S. ROBIN	ISON ST.	#21224
14. F/		irst	Middle	Last	15.	MOTHER'S M	AIDEN NA	ME First		Middle		Lost
	Thomas	3	J.	O'Leary				Johan	80	T.	F	inn
16a.	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY NO.	17. INF	ORMANT		0.33311		Address		
Ye	es, na or unknawn)	(If yes give war	or dates of service)	218-28-1159	Rol	pert !	r.OII	earv	3564	Elmora	Ave. 21:	213
-		H (Enter gely	ODE COUSE per 1	line for (a), (b), and (c).)				N. C.			APPRO	OXIMATE INTERVAL
	PART I. DEATH	WAS CAUSED	BY:	Carcinoma of	the 1	oft 3	una	with	wi dee	hear	BETWEE	N ONSET AND DEATH
	112	IMMEDIAT	CAUSE (0)		one 1	reir .	Lung		tasta	-		
	1621	121	DUE TO, OR	AS A CONSEQUENCE OF				me	tasta	1562		
	Conditions, if any, wrise to immediate		(b)									
	stating the underly		DUE TO, OR	AS A CONSEQUENCE OF								
	last.)	(c)						4500			
	PART 2. OTHER SIGN	IFICANT COND	ITIONS CONTRIB	UTING TO DEATH BUT NOT RE	ELATED TO 1	HE TERMINA	AL DISEASE	OR CONDITIO	ON GIVEN I	N PART 1(a)		
z												
CERTIFICATION	19a. DATE OF OPERATI	ON 19b. CC	ONDITION FOR W	HICH OPERATION WAS PERFOR	MED	20o. AUT	OPSY?	-	20b. IF YI	ES, WERE FINDING	S CONSIDERED IN	CERTIFYING
E E						YES [K N		CAUSES O			
3	21a. ACCIDENT WAS	UNDERLYING	21b. TIME C	OF INIURY	21c HOW	1	-		of injune	in Part 1 or Part	2 Itom 19.)	
B	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	Manth Day Year	210. 11011	HEORT OC	CORRED	(Litter lidiole	or infork	iii raii i di raii	2, 110111 10.)	
	(If either, natify med				1							
	While Nat while	ED 21e. P	LACE OF INJURY	(AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) 211. LOCA	TION Stre	et ar R.F.C). No.	City or	Tawn	County	Stote
9	While Nat while at wark											
	22a. I certify th	at (1) this	haspital) att	tended the deceased for	ramApr	11	21.	19.69	ta_M	28,	19_69, the	at 🗯 (we) last
		ed above,	ve anM (we) (did)	ay 28 19 (did not) view the bady	y after de	that in (m ath.	pch (aur)	apinian d	death ac	curred an the	date and hav	r and fram the
	22b. SIGNATURE	Ab.	11K	1 10		ATTEND	NG —	MED.	1111		2c. DATE SIGNED	
		//w	MULIT	4 IMAIL.	DEGREE	PHYS.		DIRECTOR	R 🗆 j	PHYS.	5-28	8-69
	22d. PHYSICIAN'S	U	11			22e. ADI						
	NAME (Type)	Samue]	Lee, l	M.D.		762	20 Yo	rk Ro	ad, I	lowson,	Maryland	i
	BURIAL, CREMATION,	23b. DA	TE	23c. NAME OF CEME	TERY OR CR	EMATORY		23d.	LOCATION	(City or Town)	(Caunty)	(State)
	REMONAL SPECIFIC	5/	31/69	Most Hol							Balto.	1 -/
24.	UNERAL DIRECTOR -			ADDRESS	J 1680	Cemer		C'D BY REGIS	TRAR	2Sb. REGISTRA		IU
G	aorge W. M	eper 7	UD Sout	th Ann Street	#212	21	MA		1969	Oction	Man Jand	ge.
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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in both funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, the burial and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A13 (14)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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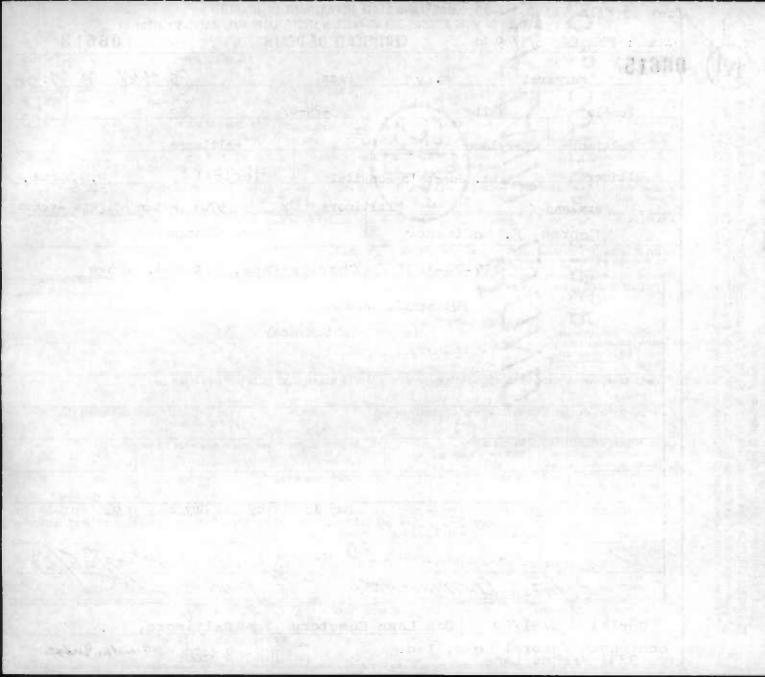
(Type	GED-NAME or print)	First GEORGE	FREDERICK	PACK		2a. DATE O	F DEATH Manth 22 Day	1969	2b. HOUR
3. SEX M	ALE	4. RACE	CASIAN		S. DATE OF BIRTH NOVEMBER 7,	1911	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
(auntry)	IPLACE (State ar fareig	n 7b. CITIZEN U. S.		B. MARRIED [2] WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY O	IMORE		Me
TO	WSON			в. м. с	during I	mast af warking JERGY	N (Kind of work dane g life, even if retired.)	12b. KIND OF E	USINESS OR CH
admissian	STATE MARYL	AND 13b. COU	nstitutian: Residence befare NTYBALTIMORE	13c. CITY OR 1	VILLE YES	NO □ 31	TREET AND NUMBER 5 VALLEY C	T. ROAD	
	CHAMPLAII	1	PACKARD		MARY	First	Middle	BURKI	Last E
NO no	a, ar unknawn) (If y	S. ARMED FORCES? es give war or dates of sen	16b. SOCIAL SECURITY (212-32-26)		FORMANT S. KATHERIN	IE M. PA	Address CKARD, SAM		13
Candrise stati	PART 1. DEATH WAS 4/12 3 ditians, if any, which ta immediate cause ing the underlying comments of th	CAUSED BY: IMEDIATE CAUSE (a) DUE TO gave (a), (b) DUE TO Guse (c)	, OR AS A CONSEQUENCE OF , OR AS A CONSEQUENCE OF	g d cla	- Her		ejeose.		ATE INTERVAL SET AND GEATH YEARS
RTIFICATION 1061	DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	20b. I	F YES, WERE FINDINGS CO S OF <u>DEATH?</u>		RTIFYING
WEDICAL OF CALL	ACCIDENT WAS UND IN CONTRIBUTING CAUSE wither, natify medical INJURY OCCURRED ILL Nat while CAUSE	OF OEATH HOUR	ME OF INJURY A.M. Month Day Year P.M. 19 URY (AT HOME, FARM, STREET, FACOFFICE BUILDING, ETC.)	V INJURY OCCURRED (Ent		ury in Part 1 ar Part 2, 1	(Caunty	State
22o	o. I certify that () (this hospital ed alive on bave, (I) (we)	gttended the decease	ed from La 9 69, and bady after de	thaton (my) (our) openth.	38, ta La pinion death	occorred on the do	64, that te and hour o	(I) (we) las
	SIGNATURE W. Stoff PHYSICIAN'S NAME (Type) W	ton D	n Hersperger	DEGREE	PHYS. 22e. ADDRESS	MED. DIRECTOR ical Ar	CTACE	DATE SIGNED	969
BUR	IAL, CREMATION, OVAL (Specify)	23b. DATE MAY 26,		CEMETERY OR C	CEMETREY	1 11	ON (City ar Tawn)	(Caunty)	(State)
WN.	COOK_BROOM	KS TOWSON	1050 YORK TOWSON, MA	ROAD RYLAND	21204 DATEMA	BY REGISTRAR 26 19	69 2Sb. REGISTRAR'S	SIGNATURE	pe.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

executed within 24 haurs after deoth.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician one completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 725 ours after death.

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Poge 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	6616 CERTIFICATE OF DEATH
1. DI (T	EASED-NAME PERVINGTON 20. DATE OF DEATH MOOTHY Day 7 Years 9 9 9 5 N
3. SE	MALE WHITE 14QL 1905 last birthday) YRS. MONTHS DAYS HOURS MIN.
7o. E	widowed Divorced Baltimore County, Mc
	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 12a. USUAL Transport of work done give street address) 12b. KIND OF BUSINESS OR INDUSTRY RUCTION
120	JOURNAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND, NUMBER
admi	SUAL RESIDENCE (Where deceosed lived, if institution: Residence before sion) STATE WD 13b. COUNTY R FORD ABERDEEN YES NO 723 VALLEY ROAD.
14. 8	WILLIAM PENNINGTON 15. MOTHER'S MAIDEN NAME First Middle Lost NETTIE LEE STUART WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address
16a. Y	s, no. Augustiown) (If yes give wor or dorles of service) 226-09-1509 Records, Mt. Wilson State Hospital
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4/2.3 DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if any, which gove is to immediate couse (a). (b) DUE TO, OR AS A CONSEQUENCE OF
	stoting the underlying cause DUE 10, OK AS A CONSEQUENCE OF last.
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES 19b NO 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES 10b NO 11b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES 10b NO 11b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?
MEDICAL CE	21b. TIME OF INJURY CITY OF CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Yeor P.M. 19 Cause of Death HOUR A.M. Manth Doy Yeor P.M. 19
W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State of While of work of work
	220. I certify that (I) (this hospital) attended the deceased from 4 / 19 64, to 19 64, to 19 64, that (we) los saw the deceased alive on 27 / 19 64, and that in (say) (our) opinion death occurred on the date and hour and from the couses stated above, (we) (did) (discuss) view the body after death.
	226. SIGNATURE DEGREE PHYS. DEGREE PHYS.
	22d. PHYSICIAN'S NAME (Type) William Newcomer, M.D. 22e. ADDRESS Mount Wilson, Maryland
23a.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Perity): 31 May 1969 Angel Hill Havre de Grace, Maryland
24.	UNERAL DIRECTOR Carring DDRESS neral Home 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Etranlan Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

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William To any July 2000 (Contract of

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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- (CER	TIF	CATE	OF	DFA	TH

			1	CLKIIIIC	AIL OI L	LAIN			10017	
1. DECEASED-NAME (Type or print)	Elizab		Rebecca		eiffer		2a. DATE OF DEA	Month Day	Y Year 6 1969	2b. HOUF 8 A
3. SEX Fema]	Le	4. RACE W	nite		S. DATE OF BIR	197	18776	AGE (In years ost birthdoy) 7 Re YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H HOURS M
70. BIRTHPLACE (Stocountry) Mary	Land	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRI		COUNTY OF DEA	ATH		
10. CITY OR TOWN	on	gi	NAME OF HOSPITAL OR IN ve street oddress) Ste	lla Mar	is Hosp	120. USUAL	steen dien	nd of work done even if retired.)	12b. KIND OF E	BUSINESS OR
13o. USUAL RESIDEN odmission) STATE	ICE (Where dece	osed lived, if insti d 13b. COUNT	tution: Residence before Balto	13c. CITY OR Dund	TOWN 13	d. INSIDE CITY LIMIT YES NO		AMPROMBER 13 Delve	rn Rd	
14. FATHER'S NAME	First George	Middle T	Humerick		MOTHER'S MAIL	DEN NAME First An		Middle L	Jacks	last 50N
Yes, no, or unkno		RMED FORCES? I war or dates of service)	16b. SOCIAL SECURITY 220-34-		formant St	ella M	aris Ho	Address spice, T	owson, Mc	2120
18. CAUSE OF PART I. I	FATH WAS CALLS	ED BY: DIATE CAUSE (a)	line far (a), (b), and (c). A cute 1		متا	inja	ution			NATE INTERVAL
Conditions, if	any, which gave diate cause (o)	(b)_	AS A CONSEQUENCE OF						40:	S
last.	nderlying cause	(c)_	R AS A CONSEQUENCE OF CONTROL OF BUTING TO DEATH BUT N	sten		DISTAST ADAM	DITION CIVIN IN	DADT I/)	40	5-
19a. DATE OF O			WHICH OPERATION WAS PE		20a. AUTOPS	NO 🗌	CAUSES OF			RTIFYING
S OR CONTRIBUT	I WAS UNDERLY ING □ CAUSE OF DF fy medical exam	ATH HOUR A.I	A. 19	9				Part 1 ar Part 2,	Item 18.)	
21d. INJURY (While Na at wark at	work		Y (AT HOMF, FARM, STREFT, FAC OFFICE BUILDING, ETC.						Caunty	Stote
saw t	ne deceased	alive an	ttended the decease 1) (did nat) view the	9, and	that in (my)	(aur) apini	, ta an death accu	rred on the do	09, that ite and havr a	(I) (we) I ind fram t
22b. SIGNATUR	ts !	26	vins -	DEGRE	11119.	DIRE		AFF IYS.	-/-	,9-
22d. PHYSICIA NAME (Ty		Lee Robb	oins		22e. ADDRE	^{SS} 812 M	ockingb	ird La.	21204	
23a. BURIAL, CREMA REMOVAL (Spe	cify)	DATE 5/29/6	9 23c. NAME OF LOUD!	ON PA	RK CE	METER	Y BA	ity ar Tawn) LL TIMOI	(County)	(Stote)
24 FUNERAL DIRECT	ARS &	SON 8	05 N. CAL	VERT	$ST.$ $\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Sa. REC'D BY F	REGISTRAR 3 196	25b. REGISTRAR'S	SIGNATURE	ye

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within .

Page 4 may be retained by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH	LCORD	, 501	44. 1 1/	FOIOI	SIKE	LI, DAL	IIIIOKL,	MINKI
		CER	TIFIC	ATE C)FD	EATH		

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(I Y	EASED-NAME pe or print)	First	Middle		Lasi		20. DATE O		Vegs	2b. HOUR		
	S	arah	Elizabet	h	Picke			May 23	1969	8:35P		
3. SEX		4. 1	RACE		S. DATE OF B			6. AGE (In years	MONTHS DAYS	IF UNDER 24 HRS.		
	emale	1 1 10	White	10.	1	901883		last birthday) YRS.	- OKIS	, man		
/o. BI	RTHPLACE (Stote or fore	-	TIZEN OF WHAT COUNTRY?		NEVER MAR		9. COUNTY O					
	Maryland	U	.S.A.	WIDOWED		RCED _	Baltin			N		
	ry or town of death Towson		11. NAME OF HOSPITAL Of give street oddress) St	. Joseph		during m	AL OCCUPATION ost of working memaket	(Kind of wark done life, even if retired.)	INDUSTRY	t home		
13a. U odmiss	STATE Mary	e deceased live	d, if institution: Residence be COUNTY Baltimor	e Balti		13d. INSIDE CITY LI	100.0	TREET AND NUMBER		O Zi Ozizo		
	THER'S NAME First		Middle Lo	st 1	s. MOTHER'S M	AIDEN NAME F	irst	Middle		Last		
	Geo	rge W.	Driver			Mary F	Poole					
16a. V	WAS DECEASED EVER IN	U.S. ARMED FOR	RCES? 16b. SOCIAL SECUI	RITY NO. 17.	INFORMANT			02 Cubaddies 11	Da			
Yes	s, no, or unknown)	f yes give war or date	s of service) 218 10	3473 Nr	s.Geo.I	I. Duerh	eck p-	1timore, Md.	21237			
		Enter anly one	cause per line far (a), (b), and	(0)			1/0	LTIMORO, MO.	APPKUX	IMATE INTERVAL		
			SE (a) Congestiv		Failum				BETWEEN	ONSET AND DEATH		
	4122		UE TO, OR AS A CONSEQUENCE		rallur	0						
	Conditions, if any, which gave) (b) Arteriosclerotic Hypertensive Cardiovascular											
1	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Disease and Pulmonary Infarction											
	stating the underlying	cause	(c) #2 Renal									
H	PART 2 OTHER SIGNIFIC	ANT CONDITION	S CONTRIBUTING TO DEATH BU									
	THE Z. OTHER STORM IS	AIII COIIDIIIOII	S CONTRIBUTION TO DEATH DO	I NOI KEERIED I	J THE TERMINA	L DISEASE OR	ONDITION GIVI	in in Pari I(0)				
Ne i	9a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION WA	S PERFORMED	20a. AUTO	PCV2	20b I	F YES, WERE FINDINGS CO	NICIDEDED IN C	EDTIEVING		
CERTIFICATION	*	770. CONDI	on tok which of Ekallon W	STERI ORMED	YES THE NO CAUSES OF DEATH?							
3	To ACCIDENT WAS UN	SE OF DEATH	HOUR A.M. Month Doy	/ear	OW INJURY OCC	URRED (Enter	nature of inju	ury in Part 1 or Part 2, I	tem 18.)			
WED	If either, natify medica 21d. INJURY OCCURRED		P.M. OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	19 T. FACTDRY.\ 21f 1	OCATION Stree	at or P.F.D. No.	City	or Town	County	State		
	While Nat while t		OFFICE BUILDING, ETC.	211. 6	SCATION SHEE	11 OI K.I.D. NO.	City	or rown	County	21016		
		(this hos	pital) attended the dec	eased from	May 12	19.6	Q to M	av 23 10	69 that	18 June 1 la		
	saw the dece	ised alive a	n May 23 we) (did) (Maxim) view	19 69 on	d that in Man	(y) (our) opi	nion deoth	occurred on the dat	e ond hour	ond from th		
2	22b. SIGNATURE	100	cans M, 1		ATTENDIN	IG M	ED.	STAFF 500	ATE SIGNED			
2	2d. PHYSICIAN'S NAME (Type)Chr	7	Feliciano, M		22e ADD			21204				
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/28/	23c. NAME	OF CEMETERY OR	CREMATORY		23d. LOCATI	ON (City ar Town)	(County)	(State)		
I.		12/28/	Pop	ular Spi	ings M	ethodi	st Popu	lar Spring	S. Howar	rd .Md.		
24 5	JNERAL DIRECTOR		ADDI				Y REGISTRAR			- de galace		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 Page 4 may be retained by the hospital or ottending physician.

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BORNEL BOWN TO TREE & SAME A CAS

F. Eline & Sons Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV. 1/68

2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR When Indae

IF LINOER 1 YEAR

INDUSTRY

County

22c. DAJE SIGNED

Stote

(Stote)

12b. KIND OF BUSINESS OR

Wood- WERKIN

24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				EKITICATE OF DEA	HIP	U	0020	
		irst	Middle	Last	2a. DATE		v	2b. HOUR
(1)	rpe ar print)	AVID		POSNER	MAY	Month 13. Day	1969	7:15P
3. SEX	The second of th		. RACE	S. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNGER 1 YEAR	IF UNDER 24 HRS
	MALE	4	WHITE	DECEMBER	25, 1898	70 YRS.	MONTHS DAYS	HOURS MI
	RTHPLACE (State or foreign	7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED		OF DEATH		
cauni	RUSSIA		U.S.A.	WIDOWED DIVORCED		TIMORE		
0. CI	TY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INS	TITUTION (If nat in haspital	a. USUAL OCCUPATION	N (Kind of work done	12b. KIND OF	BUSINESS OR
	BALTIMORE		give street address) MILFORD MANO	R NURSING HOME	CONT	ng life, even if retired.) RACTOR	INDUSTRY BUIL	DING
	JSUAL RESIDENCE (Where de sion) STATE		ved, if institution: Residence before 13b. COUNTY	100		STREET AND NUMBER		
	MARYLAI	VD '	C. C. C.	BALTIMORE YES	09	40 BROOKMIL	L ROAD	
4. F	ATHER'S NAME First		Middle Last	IS. MOTHER'S MAIDEN	NAME First	Middle		Last
	ALFRE1		POSNE		RAFKA			
16a. Y	WAS DECEASED EVER IN U.S.	ARMED F	FOR CES? 16b. SOCIAL SECURITY I		c/	O BERNARU P	OSNER	
	s, no, ar unknawn) (If yes			MRS. YETTA	PUSNER, 3	313 TERRAPI	M DD #	# *
			ne cause per line for (a), (b), and (c).		11	-11	DETMITTAL	ONSET AND DEATH
	PART I. DEATH WAS CA	IEDIATE C		rome - De	when	· hetartes	2 4	962
	185 X		DUE TO, OR AS A CONSEQUENCE OF	1				1-
	Canditians, if any, which go		(b)					
	rise to immediate cause (stating the underlying cau		DUE TO, OR AS A CONSEQUENCE OF					- 757
	last.	-)	(c)					
1	PART 2. OTHER SIGNIFICANT	CONDITIO	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GI	VEN IN PART 1(a)		
Z								
CERTIFICATION	19a. DATE OF OPERATION	19b. COND	DITION FOR WHICH OPERATION WAS PE	RFORMED 2Da. AUTOPSY?		IF YES, WERE FINDINGS CO	ONSIDERED IN (ERTIFYING
E E	A south long			YES 🗀	NO [SES OF DEATH?		100
	21a. ACCIDENT WAS UNDER		21b. TIME OF INJURY	21c. HOW INJURY OCCURRE	D (Enter nature of in	njury in Part 1 or Part 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF (If either, natify medical ex		HOUR A.M. Manth Day Year P.M.					
WE	21d. INJURY OCCURRED		CE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street ar F	R.F.D. Na. C	ity ar Tawn	Caunty	State
	at wash					110	60	
	22o. I certify that (I)	(this h	ospitol) attended the decease anl (we) (did) (did not) view the	ed/from 1940	., 19, to	3//5 , 19.	/, tha	(I) (we)
	sow the decease	d alive	an 1/3	907, and that in (my) (🛩) opinion deotl	n occurréd on the da	ite and hour	ond from
	couses stated ab	ave, (I)	(did) (did not) view the	body'atter death.				,
	22b. SIGNATURE	N	Min's Un	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	DATE SIGNED	69
	22d. PHYSICIAN'S NAME (Type)	MI	LTON B. KIRSH	22e. ADDRESS 4000	W. NORTH	ERN PKWY.		
23a.		3b. DATE		CEMETERY OR CREMATORY		TION (City or Town)	(Caunty)	(State)
	BURTAL	5-1	5-69 BNAI I	SRAEL	BAL	TIMORE, MAR	(Y LAN U	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 30M REV. 1/68

BNAI ISRAEL

ADDRESS
REISTERSTOWN ROAD BURTAL 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010

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SOT TIGHT TO THE STATE S

116623 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item6 FilmGul2 5/9/ 06621 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Yeor 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) HOURS be executed within 24 hours 7o. BIRTHPLACE (Slote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED and tampletely filled in country carban papers. U.SA event, within 72 WIDOWED 7 DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street Address! during most of working life, even if retired.) INDUSTRY howard Teacher School 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE maryland Baltimore please remove YES 2026 Dumont Rd. and in any 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last at William attending physician permit. Then please OR ATTENDING PHYSICIAN: The law requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give wor or dates of service) burial, crematian, ar remaval, 219-28-2135 2026. Dumont APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY: permit. signed by the burial-transit p Conditions, if ony, which gove: rise to immediate cause (o). 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been be detached far use as the State Dept. af Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Nat while at work TO FUNERAL DIRECTOR: After 220. I certify that (1) (this hospital) attended the deceased from 4-8-69, 19. . to 5-1 _19 69, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on____ director, page 3 shauld shauld be filed with the couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE STGNED ATTENDING MED. STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) B REMOVAL (Specify) Park wood Cemeters Baltimore, Maryland. 24. FUNERAL DIRECTOR ADDRESS 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WM. Cook-Brooks Towson 1050 York Rd Chances Undal

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1	0662	4	DIVISION OF	(ICATE OF			.,			0662	22	
	ASED-NAME e ar print)	Firs Mary	1	Middle		Powers		2a. [DATE OF	DEATH Month	12 Day	69 Year		HOURD
3. SEX	Fem		4. RACE Whit			S. DATE OF BI				6. AGE (In lost birth	years (doy) YRS.	MONTHS OAYS		R 24 HRS. MIN.
cauntry	RTHPLACE (Stor y) Balt Y OR TOWN O	imore	7b. CITIZEN OF WE United		WIDOWI	ED NEVER MAR ED DIVOI	RRIED RCED I2o. USU	AL OCCU	PATION	DEATH Co. (Kind of wife, even in	ork done	12b. KIND O	OF BUSINES	Md S OR
13o. US		E (Where dece		ion: Residence before	13c. CITY	or town imore	13d. INSIDE CITY L		13e. STR	EET AND N		d Ave.		
14. FA1	THER'S NAME	First ohn	Middle Leo	Livingsto	on	15. MOTHER'S M	AIDEN NAME I	First	A	gnes	Middle Fo	orien	Lost	
		EVER IN U.S. AF	RMED FORCES? war or dates of service)	16b. SOCIAL SECURITY N 214-01-68	NO. 1	7. INFORMANT Stella	Maris	Hos			Address	Md. 2	120)	
s lo	tating the ur		DUE TO, OR A (c) ONDITIONS CONTRIBU	AS A CONSEQUENCE OF ITING TO DEATH BUT NO RICH OPERATION WAS PE		TO THE TERMINA		CONDITIO	20b. IF	YES, WERE	FINDINGS C	ONSIDERED IN	CERTIFYIN	NG.
AL CERTIFICATION		WAS UNDERLY				. HOW INJURY OC				OF DEATH? y in Port 1		Item 18.)		
MEDIC	If either, notification of the control of the contr	y medical exam	niner) P.M.	(AT HOME, FARM, STREET, FAC OEEICE BUILDING, ETC.	9	LOCATION Street	et or R.F.D. No	J.	City	ar Tawn		Caunty		State
	22a. I certi	fy that (I) (I	his haspital) att alive an ve, (I) (we)(did)	ended the decease l (did nat) view the	ed from. 9, body oft	and that in (mer death.	, 19_ ny) (aur) op	58—, oinian d	to death o	May ccurred	, 19. on the do	69 , the	at (I) (v er and fr	ve) las am the
	22b. SIGNATUR		E. Lee	Robbins	, 1~D,D	EGREE ATTENDI PHYS.		MED. DIRECTOR	· 🗆	STAFF PHYS.		DATE SIGNED	_	
	PHYSICIAI NAME (Ty	pe)E. Le	e Robbin		CEMETERY		12 Moc			d. N (City or	Lane	(County)	(Stot	te)
13	REMOVAL (Spec	3	-16-60	ST JC	Sei	his Cev	1 2So. REC'D	170	EXA	5, 13	REGISTRAR'S	Co VI	nd	
3	Urger	Fune	vel Hom	e Balto	In	1	MAY	16	1969		lient		al.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any eyent, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06625 CERTIFICATE OF DEATH 06623 DECEASED-NAME Middle los 2o. DATE OF DEATH 2b. HOUR death. law requires that the death certificate be executed within 24 haurs after death Furieral T and (Type or print) 5 Doy 4. RACE IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH 6. AGE (In years lost birthdoy) HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore County. WIDOWED [2] DIVORCED [7] campletely filled please remave carban pape 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF BEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** Mount Wilson and in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO T 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First signed by the attending physician and burial-transit permit. Then please rem 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) ar remaval, Wilson State Hospital Records 1B. CAUSE OF DEATH (Enter only one couse per line for BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove? rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior tal rulay TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🗔 State Dept. af Health 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 2 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. While Not while 1 City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an 3/21 1969, a 19 44 _1969, and that in (my) (our) opinion death accurred an the date and havr and from the saw the deceased alive an_ shauld directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did net) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Mount Wilson, Maryland William Newcomer, OF CEMEJERY OR CREMATORY (County) (Stote) ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 30M REV.

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William Navegeer, T.D. Count Willer, Meryland

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1)1)0,000		CERTIFI	CALE OF DEATH		00003	E
1. DECEASED-NAME (Type or print)	First LINE PO	Middle WERS TUR	VE AR	20. DATE OF DEATH 5 - Manth D	ay Year	2b. HOUR
. SEX	4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNOER 1 YEAR	IF UNOER 24 HRS.
FEMAL	E WHITE		Feb 2 - 18	881 last birthday) YRS		HOURS MIN
a. BIRTHPLACE (State or fore	ign 7b. CITIZEN OF WHAT (OUNTRY? 8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH		
(auntry) Vir Gir		MIDOWED	DIVORCED [BALTO.		Md.
0. CITY OR TOWN OF DEATH	N SON give street	OF HOSPITAL OR INSTITUTION (IF oddress)		L OCCUPATION (Kind of wark dane ost of working life, even if retired.)		USINESS OR
3a. USUAL RESIDENCE (Wher Idmission) STATE	deceosed lived, if institution:	Residence before 13c. CITY O	R TOWN 13d. INSIDE CITY LIV	MITS? 13e. STREET AND NUMBER	Belle (20e
14. FATHER'S NAME Firs			IS. MOTHER'S MAIDEN NAME FI	rst Middle		Last
Rober	T W. P.	DWCRS	JULIET	Co	RITON	
16a. WAS DECEASED EVER IN	U.S. ARMED FORCES? If yes give war or dates of service)	. SOCIAL SECURITY NO. 17.	INFORMANT	Address	1367	
Yes, no, or unknown)		9	S. January	Towson Co	nualesce	ni Hon
Canditions, if any, whinse to immediate coustaing the underlying last.	h gove se (o), couse DUE TO, OR AS A	CONSEQUENCE OF	roke"			
PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(o)		
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH (PERATION WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CER	RTIFYING
210. ACCIDENT WAS UP	ISE OF OEATH HOUR A.M. M	JRY 21c. anth Day Year	HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2	, Item 18.)	2
While Not while at work	21e. PLACE OF INJURY (AT POPP)		LOCATION Street or R.F.D. No.		County	State
saw the dece	(I) (this hospital) attendased alive on above, (I) (we) (did) (did	1969.01	nd that in (mv) (out) opi	nian death occurred an the c		(I) (we) last nd fram the
221. SIGNATURE	Jelubuego	ceft apper	GREE PHYS. DI	ED. STAFF 220	c. DATE SIGNED	
NAME (Type)	suis P. Ha	weburger2	15, 1801St 1	ben Street in	uppo Ked	21207
230. BURIAL, CREMATION, BEMOVAL (Specify)	23b. DATE 5-8-1969	23c. NAME OF CEMETERY O Hollywood Ce		23d. LOCATION (City or Town) Richmond, Virg	(County) ginia	(State)
24. FUNERAL DIRECTOR			21204 2So. REC'D B			
Wm. Cook-Bro	ooks Towson 105	0 York Rd. To	wson, Md DATE AY	8 1969 gines	willy freeze	All I

deoth.

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages I and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

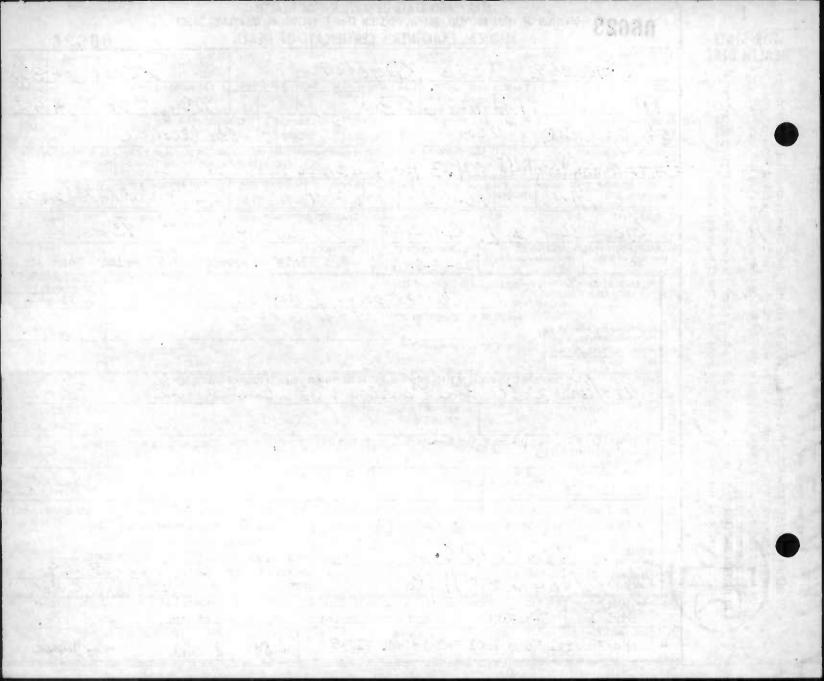
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

ı	0	6	6	2	5

			CERTIFICATE OF DEATI		
	DECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
1	Type or print) OWENS	R.	PYLANT	May Month 3 Day 19	969° 5:00%
3. 5	EX	4. RACE	S. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.
	Male	White	3-31-1889	lostobithdoy) YRS.	INS DATS HOOKS MIN.
70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
_	Maryland	USA	WIDOWED DIVORCED	Baltimore	M
10.	CITY OR TOWN OF DEATH Towson				2b. KIND OF BUSINESS OR NDUSTRY
	. USUAL RESIDENCE (Where deceo vission) STATE Mary Land	sed lived, if institution: Residence before 13b. COUNTY BALTO	e 13c. CITY OR TOWN 13d. INSIDE C	NO Box 722, Rt. #.	1
	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAM	E First Middle	Last
	LEVIN 7	T. PYLANT	CORA	BENNETT	
	. WAS DECEASED EVER IN U.S. ARI		- 0	Address	
	Yes, no, or unknown) (If yes give	war or dates of service) 21705	-5684 MYRTLE	PYLANT AL	30VE
		nly one couse per line far (a), (b), ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	PART I. DEATH WAS CAUSE	ED BY: DATE CAUSE (a) Cerebro	vascular thrombosi	S	
	4339	DUE TO, OR AS A CONSEQUENCE O			
	Conditions, if ony, which gave				
	nse to immediate cause (a), stoting the underlying couse	DUE TO OR AS A CONSCIOUSNICE O)F		
	last.	(c)			
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(o)	
Z					
CERTIFICATION	19a. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS F		20b. IF YES, WERE FINDINGS CONSI CAUSES OF DEATH?	DERED IN CERTIFYING
MEDICAL CER		HOUR A.M. Month Day Yes		nter noture of injury in Part 1 or Port 2, Item	18.)
MEC	21d. INJURY OCCURRED 21e While Not while at work of wark		FACTORY.) 21f. LOCATION Street or R.F.D.	Na. City or Town Co	ounty State
	22a. I certify that XI) (th	his haspital) attended the decea	sed fram April 29 , 1	969 , to May 3 , 1969 apinion death occurred on the date of	9_ , that (¾) (we) las
	saw the deceased of	re, (I) (we) (did) (did not) view the	e bady after death.	apinion death occurred on the date of	and hour ond from the
	saw the deceased of	re, (I) (we) (did) (did not) view the	e bady after death.	MCD CTASS 22c. DATE	
	saw the deceased couses stoted abov 22b. SIGNATURE 22d. PHYSICIAN'S	re, (I) (we) (did) (did not) view the	e bady after death. DEGREE PHYS. 22e. ADDRESS	22c. DATE	SIGNED
230	saw the deceased of couses stoted abov 22b. SIGNATUR 22d. PHYSICIAN'S NAME (Type) Elfre: 1. BURIAL, CREMATION, REMOYAL (Specify).	n Quitiquit, M.D. DATE 23c. NAME O	e bady after death. DEGREE PHYS. 22e. ADDRESS	MED. DIRECTOR PHYS. 22c. DATE 5-3 rk. Rd., Towson, Md.	: SIGNED 3–69
	saw the deceased couses stoted abov 22b. SIGNATUR 22d. PHYSICIAN'S NAME (Type) Elfre: 1. BURIAL, CREMATION, PEMOVAL (Specify) 23b.	n Quitiquit, M.D. DATE 23c. NAME O	DEGREE ATTENDING PHYS. 22e. ADDRESS 7620 YOUR CEMETERY OR CREMATORY DESCRIPTION OF CEMETERY OF CREMATORY	MED. DIRECTOR PHYS. 22c. DATE PHYS. 5-3 PK Rd., Towson, Md. 23d. LOCATION (City or Town) (C BALTO. M.D. D BY REGISTRAR 25b. REGISTRAR'S SIGN	21204 County) (Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death-certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely "lied in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or hemoval, and in any event, within 72 have after death. MANAGE TRANSPORTED

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

06627

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

06623	9	DIVISION OF V	TIAL RECORDS, &	ERTIFICA		the state of the s	MORE, M	IARYLAND	21201	066	27
1. DECEASED-NAME (Type or print)	JOS EP	H NI	Middle MN	RAGN	Lost O		2o. DATE	OF DEATH Mont)5 Do	y 20 Year 69	
3. SEX MALE		4. RACE CA1	U		April	4,1895		6. AGE (Ir	yeors 100y) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7a. BIRTHPLACE (State of country) I taly		76. CITIZEN OF WHA		8. MARRIED 2 WIDOWED 2	DIVO	RRIED S	BAL!	OF DEATH TIMORI	3		N
BALTIMOF	RE	GREA	PER OF HOSPITAL OR INST	O., M	in hospitol ED . (12aUSUAL	occupation of working	ON (Kind of v	rork done f retired) ne Ma	12b. KIND OF E INDUSTRY	BUSINESS OR
13o. USUAL RESIDENCE (odmission) STATE Mary	(Where deceose 71and	d lives, if institution 136. COUNTY		13c. CITY OR T Baltime		YES NO		STREET AND N		ve	
14. FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S N	AIDEN NAME Fir			Middle		Last
	seph		Ragno			Ang	gela			Mia	ano
Yes, no or unknown)	(If yes give wa	or dates af service)	66. SOCIAL SECURITY NO. 217-03-74		FORMANT S Jose	ephine F	Ragno		Address Same		
	e couse (o), rlying couse GNIFICANT COND	(b) DUE TO, OR AS (c) ITIONS CONTRIBUTIN	A CONSEQUENCE OF DIFFUSE A CONSEQUENCE OF HIG TO DEATH BUT NOT			AL DISEASE ORCO	20b.	IF YES, WERE	FINDINGS (CONSIDERED IN CEI	RTIFYING
190. DATE OF OPERA	AS UNDERLYING	21b. TIME OF II	NIURY	21c HOW	YES _	NO C		SES OF DEATH?		Itom 19)	113
OR CONTRIBUTING	nedicol exomine	r) HOUR A.M. P.M.	Manth Doy Year		· mook? oc	COKKED (EINE)	noidle di si	ilark iii tost i	of roll 2,	trem 10.)	
While Nat wh	k U		T HOME, FARM, STREET, FACTO FFICE BUILDING, ETC.		ATION Stre	et ar R.F.D. No.		ity or Town) -	County	State
			ded the deceased 19 id not) view the bo		that in (m	, 19 ıy) (our) opin	, ta ion deoti	5/21	, 19 on the do	that ote ond hour a	(I) (we) las
22b. SIGNATURE 22d. PHYSICIAN'S	le	u Pr	nlei, m	D DEGREE	ATTENDI PHYS. 22e. ADI	☐ DIR	D. RECTOR	STAFF PHYS.	224.	DATE SIGNED 5/20/69)
NAME (Type)	GEOR	GE PIKLE	ER, MD			-		-			1000
230. BURIAL, CREMATION BRIMOVAL (Specify)	N, 23b. DA 5/21	1/69	23c. NAME OF CE Holy Re					TION (City or I		(County) yland	(Stote)
24. FUNERAL DIRECTOR Leonard	J Ruck	Inc. Bal	ADDRESS timore, Ma	aryland	d	25o. REC'D BY	REGISTRAR			SIGNATURE	han

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physician.

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The state of the s						

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	CEASED-NAME (pe ar print)	First DITH		Middle L.	RA	Lost YMO		20. DATE	OF DEATH Manth 18	3 Doy 1	96 gar	2b. HOUR 1:60 Am
3. SEX	Female		4. RACE White			1-4-1			6. AGE (In year birthday)	YRS.	UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
count	RTHPLACE (State or I	d	Tb. CITIZEN OF WHA		B. MARRIED WIDOWED	DIVO	RCED	9. COUNTY 6 Balti	imore			Md
-	TY OR TOWN OF DEA	TH	11. NA/ give st	ME OF HOSPITAL OR IN	Joseph	Hospi	tadring me	as Homei	ON (Kind of work	dane ired.)	12b. KIND OF INDUSTRY	BUSINESS OR
odmis	JSUAL RESIDENCE (Wision) STATMary	here deceose land	d lived, if institution 13b. COUNTY	n: Residence before RESIDEN	13c. CITY OR 1		YES NO		STREET AND NUMB		enue	
			Middle JENK D FORCES?	Lost INS 16b. SOCIAL SECURITY			ARY G		Mid P. Add			Last
Ye	s, na, ar unknawn)	(If yes give wa	r or dates of service)	far (a), (b), ond (c).	Сн		RAYMO	423			AVE	MATE INTERVAL
	Conditions, if any, wrise to immediate a stating the underly last. PART 2. OTHER SIGN	ing cause	(b) DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF NG TO DEATH BUT N				CONDITION GI	VEN IN PART 1(0)			
CERTIFICATION	190. DATE OF OPERATI	ON 19b. C	ONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTO		C 5419	IF YES, WERE FIND SES OF DEATH?	INGS CONS	SIDERED IN C	ERTIFYING
DICAL	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	cause of DEATH	HOUR A.M. P.M.	Month Doy Year					njury in Part 1 ar F	1,5		
	21d. INJURY OCCURR While Not while of work			AT HOME, FARM, STREET, FAI DEFICE BUILDING, ETC.					ity ar Tawn		County	Stote
	22a. I certify th saw the de causes stat	at (K(this ceased ali ed/above,	haspital) atter ve an(N (we) (100) (did not) view the	ed from M. 9 69, and bady after de	a y 7 that in (A eath.	, 19 <u>6</u> ry) (aur) opi	9, ta_ inian deatl	May 18 h accurred an t	_, 19 <u>_6</u> he date	9_, that and havr	(X) (we) last and fram the
	22b. SIGNATURE	Jai	nie Br.	fun zas	Pandegre	E PHYS.		AED.	STAFF PHYS.		TE SIGNED	969
	22d. PHYSICIAN'S NAME (Type)	br.	Jaime Pur	zalan, M.			O York	Road	Towson,	Md.	21204	
	BURIAL, CREMATION, REMOVAL (Specify)	23b. D 5/	ATE 21/69	MOREL	CEMETERY OR C		TAL	E	TION (City or Town	RE,		(State)
	UNERAL DIRECTOR W. MEAR	S &	SON 80.	5 N. CAL		ST.	2Sa. REC'D B	2. 2. 1	25b. REGIS		SNATURE CAR	42.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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ESECTION YAMAN .T. SERVICE.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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					EKIIFIC				00	023	
- (ECEASED-NAME	First	Part In the	Middle		Lost	2o. DATE OF				2b. HOURA
	Type or print)	John		Τ.	F	Redman	5	Month 29	Doy 69	Year	5:50 M
3. 5	X		4. RACE			5. DATE OF BIRTH NOV	.4. 191	16. AGE (In year	's IF UN	IDER 1 YEAR	IF UNDER 24 HRS.
	Male		Cau	ıcasian	-5	II-W- (HARAMA		lost birthdoy)	YRS. MONTI	HS DAYS	HOURS MIN
70.	BIRTHPLACE (Stote or fo	oreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	X NEVER MARRIED	9. COUNTY OF	DEATH			
can	ntry) Md.		II S A		WIDOWED [Balt	imore,			Mo
10.	ITY OR TOWN OF DEAT	Н	11. N/	AME OF HOSPITAL OR INST	TITUTION (If no		L OCCUPATION	(Kind of work		b. KIND OF	BUSINESS OR
	Towson		give	street oddress) eater Balto	Mod	Contan during me	of working	life, even if retin	red.) IN	DUSTRY	e Co.
13a.	USUAL RESIDENCE (Wh	ere decease	d lived, if institut	ian: Residence befare	13c. CITY OR			REET AND NUMBI		beom	E_00.
adm	ission) STATEMary	7land	13b. COUNTY	Baltimore	Cocke	ysvilleYES□ NO	1 09	11 York	Rd.		
14.	FATHER'S NAME Fi	rst	Middle	Lost	15	MOTHER'S MAIDEN NAME F	irst	Midd	dle		Lost
	Issac	Ε.	Redman			Lily May 3	Justice				
160	WAS DECEASED EVER I	N U.S. ARM	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY N		FORMANT		Addr			
		W.W.	Two	215-07-646	68 Mr	s. Blanche Ay	res, B	elfast 1	Rd. Sp	parks	, Md.
	18. CAUSE OF DEATH	(Enter anl	one cause per lin	ne far (a), (b), ond (c).)							MATE INTERVAL NSET AND DEATH
	PART I. DEATH W	AS CAUSED	BY: TE CAUSE (a)		u Imona	ary edema				BETTER O	HIST AND DEATH
	4124	IMMEDIA		AS A CONSEQUENCE OF	<u> </u>	41 y Odellia					
	Conditions, if ony, wh	nich aave 1				4.1					
	rise ta immediate co		(b)		scier	otic cardiova	scular	disease	3	_	
	stating the underlying	ng cause	DUE TO, OR A	IS A CONSEQUENCE OF							
	lost.	,	(c)								
		-				THE TERMINAL DISEASE ORC					
NO	SEVERE		MONARY			- SMALL			EMBO		
ICATI	19a. DATE OF OPERATIO	N 19b. C	ONDITION FOR WH	ICH OPERATION WAS PER	FORMED	20a. AUTOPSY?		YES, WERE FINDI OF DEATH?	NGS CONSID	ERED IN CE	DTIEVING
											KIIFTING
RT						AE2 X NO				es	KIITTING
AL CERTIFICATION	21a. ACCIDENT WAS L				21c. HO	W INJURY OCCURRED (Enter					KIIFTING
	☐ OR CONTRIBUTING ☐ C (If either, notify medi	AUSE OF DEATH	HOUR A.M. P.M.	Month Day Year		W INJURY OCCURRED (Enter	nature af inju				KIIFTING
MEDICAL CERTII	OR CONTRIBUTING C (If either, notify medi 21d. INJURY OCCURRE	AUSE OF DEATH	HOUR A.M. P.M.	Month Day Year			nature af inju		art 2, Item I		State
	or contributing care fifther, notify medical states and care fifther, notify medical states and care fifther f	AUSE OF DEATH cal_examin D 21e.	HOUR A.M. P.M. PLACE OF INJURY	Month Day Year 19 (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LO	W INJURY OCCURRED (Enter	nature af inju	or Tawn	art 2, Item I	8.) unty	State
	OR CONTRIBUTING CITY of the ither, notify medical control of the city of the c	AUSE OF DEATH cal examin D 21e.	HOUR A.M. P.M. PLACE OF INJURY	Month Day Year 19 (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LO	W INJURY OCCURRED (Enter	nature of inju	or Tawn	Cou	8.) unty	State (1) (we) local
	OR CONTRIBUTING CITE either, notify medical control of the control	Ause of DEATH cal examin D 21e. It (i) (this eased al	HOUR A.M. P.M. PLACE OF INJURY s haspital) atte	Month Day Year 19 (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. ended the decease 29 a.m.19	ory.) 21f. Lo	W INJURY OCCURRED (Enter CATION Street or R.F.D. No. 0/21/ , 19_6 that in (my) (aur) api	nature of inju	or Tawn	Cou	8.) unty	State (1) (we) local
	or contributing of the cither, notify medically and the course while at work at wark 22a. I certify the saw the decauses state	Ause of DEATH cal examin D 21e. It (i) (this eased al	HOUR A.M. P.M. PLACE OF INJURY s haspital) atte	Month Day Year 19 (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ory.) 21f. Lo	W INJURY OCCURRED (Enter CATION Street or R.F.D. No. 0/21/ , 19_6 that in (my) (aur) api	nature of inju	or Tawn	Cou ., 19 <u>69</u> ne date ar	enty , that nd haur o	State (1) (we) local
	OR CONTRIBUTING CITE either, notify medi 21d. INJURY OCCURRE While at work 22a. I certify the saw the decauses state 22b. SIGNATURE	AUSE OF DEATH cal examin D 21e. it (I) (this eased ali d abave	HOUR A.M. P.M. PLACE OF INJURY S haspital) atteve an (I) (we) (did)	Month Day Year 19 AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. ended the decease 29 a.m.19 (did nat) view the b	d fram_5 0_69, and	CATION Street or R.F.D. No. o/21/ , 19-6 that in (my) (aur) apileath. ATTENDING M	nature of inju (ity 9, to nian death of	or Tawn 5/29 accurred an th	Cou., 19 <u>69</u> ne date ar	onty, that nd haur o	State (I) (we) last
	OR CONTRIBUTING CITE either, notify medi 21d. INJURY OCCURRE While at work 22a. I certify the saw the decauses state 22b. SIGNATURE	Ause of DEATH cal examin D 21e. It (i) (this eased al	HOUR A.M. P.M. PLACE OF INJURY S haspital) atteve an (I) (we) (did)	Month Day Year 19 (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. ended the decease 29 a.m.19	ory.) 21f. Lo	CATION Street or R.F.D. No. o/21/ , 19-6 that in (my) (aur) apileath. ATTENDING M	nature of inju	or Tawn 5/29 accurred an th	Cou., 19 <u>69</u> ne date ar	enty , that nd haur o	State (I) (we) last
	or contributing of the contribution of the con	AUSE OF DEATH cal examin D 21e. it (I) (this eased all ed abave	HOUR A.M. P.M. PLACE OF INJURY (S haspital) atte ve an. 5/ (I) (we) (did)	Month Day Year 19 (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. ended the decease 29 a.m. 15 (did nat) view the b	d fram_5 0_69, and	W INJURY OCCURRED (Enter CATION Street or R.F.D. No. 10/21/ , 19.6 that in (my) (aur) api eath. 22e. ATTENDING DI 22e. ADDRESS	City 9 , ta_nian death of the control of the contr	or Tawn 5/29 accurred an the Phys.	., 1969 ne date ar	enty _, that and haur of 29/69	State (I) (we) last
MEDICAL	OR CONTRIBUTING CITE either, notify medi 21d. INJURY OCCURRE While Nat while at work 22a. I certify the saw the dec causes state 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) C.	AUSE OF DEATH cal examin D 21e. it (I) (this eased all ed abave	HOUR A.M. P.M. PLACE OF INJURY S haspital) atte ve an. 5/ (I) (we) (did) C. S. S. C. Bro	Month Day Year 19 (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. ended the decease 29 a.m.19 (did nat) view the b	ory.) 21f. Lo d fram 0_69, and ady after d	W INJURY OCCURRED (Enter CATION Street or R.F.D. No. D/21/ , 19.6 that in (my) (aur) api eath. EATTENDING	City 9 , ta_ nian death control ED. RECTOR arles	or Tawn 5/29 accurred an the	(ou ., 1969 ne date ar 22c. DATE S 5/	enty , that haur consider the constant of the	State (I) (we) last and fram the
MEDICAL	or contributing of the contribution of the con	AUSE OF DEATH- cal examin D 21e. Int (I) (this eased all d abave, har le 23b. D	HOUR A.M. P.M. PLACE OF INJURY S haspital) atte ve an 5/ (I) (we) (did) C. S S. C. Bro	Month Day Year 19 (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. ended the decease 29 a.m.19 (did nat) view the b	d fram d fram 969, and ady after d	W INJURY OCCURRED (Enter CATION Street or R.F.D. No. D/21/ , 19.6 that in (my) (aur) api eath. E ATTENDING	City 9 , ta_ nian death of the control of the cont	or Tawn 5/29 accurred an the STAFF PHYS. 6+ Balt	(Capter 1) (Country 1) (Countr	noty , that have considered to the constant of the constant o	State (i) (we) last and fram the last and fram
WEDICAL 230.	Greentributing Collection of the contribution of the contribution of the collection	AUSE OF DEATH cal examin D 2le. l it (i) (this eased all d abave har le 23b. D Just	HOUR A.M. P.M. PLACE OF INJURY Shaspital) atteve an. (I) (we) (did) C. S. S. C. Browner ATE The 2, 19	Month Day Year 19 (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. ended the decease 29 a.m.19 (did nat) view the b	d fram	W INJURY OCCURRED (Enter CATION Street or R.F.D. No. D/21/ , 19.6 that in (my) (aur) api eath. E ATTENDING M PHYS. D 22e. ADDRESS 6701 N. Ch REMATORY y Memorail	City 9 , ta_ nian death of the control of the cont	or Tawn 5/29 accurred an the STAFF PHYS. 6t. Balt N (City or Town) a ys v ille	22c. DATE 5 (Co. M. Mar)	mity _, that and haur and hau	State (i) (we) last and fram the last and fram

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTI	IFICATE	OF	DEATH
	Los	st	

06630

	CEASED-NAME	First	Middle		Lost		TE OF DEATH		2b. HOUR
(1	ype or print) M a	mie	R. M	rini	pardt	m	ay Month 26 De	oy 196 year	N
3. SE	X	4. RACE			ATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	7.	Wh	+		ept. 13,1	004	last birthday)	MONTHS DAYS	HOURS MIN.
70 D	BIRTHPLACE (State or forei	ign 7b. CITIZEN OF WHAT	T COUNTRY 8				Y OF DEATH		
	ntry) D I L	70	n mu		IEVER MARRIED	72	. 1 -		
10.6	DalTimo		7	LELS.	DIVORCED	AL OCCUPA	DITIMOR		M.
10. C	ITY OR TOWN OF DEATH	1 / give stre	NE OF HOSPITAL OR INSTITUTION get oddress)	חו זמח זון אט	1/ during m	at occura	TION (Kind of work done king life, eyen if retired.)	INDUSTRY	F BUSINESS OR
(ockeller	11/2	Md. maso		Acme	sale	5 da d 16	1	STOR-e
130.	USUAL RESIDENCE Where ission) STATE	deceased lived, if institution	n: Residence before 13c.	CITY OR TOW	WEET		e. STREET AND OUMBER	0	A
dumi	solding state me	7 - V 130. COOK!!		salti	more YESON	الاس	2004 E	1 30 Ch	A.
14. F	ATHER'S NAME First	Middle	Last	15. MC	THER'S MAIDEN NAME	First	Middle	, , , ,	Last
	Dar	Id	Summer	'S	Lulia		14.	wils.	on.
	WAS DECEASED EVER IN L		6b. SOCIAL SECURITY NO.	17. INFOR	TAAMS	3 14.37	Address	11	_
Y	es, no, ar unknown) (If	yes give war or dates of service)	215-10-7160	·A	Records o	MY	nd. mason	ic Ho	mes
	18 CAUSE OF DEATH (F	Enter only one couse per line	for (a) (b) and (c))	3	,	1		APPROX	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS	CALICED DV		hoom	bosis			ocarda de la companya della companya della companya de la companya de la companya della companya	. TK
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	Canditians, if any, which		Teni-sc/pic	1. 1	Heat Die	-0010		100	111
	rise to immediate cou	se (o). (b) // b		100	year yrs	TRINE		104	V3.
	stating the underlying	couse DUE TO, OR AS	A CONSEQUENCE OF						
	last.	, (c)			Transition District On	COMPUTION	OUTU NI DADT 1/ 1		
	PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTII	NG TO DEATH BUT NOT KEL	AILU IO IHI	E TERMINAL DISEASE OR	CONDITION	GIVEN IN PAKT 1(0)		
NO		The countries were		150	00 44700000	- Io	of it are made timpings	CONCIDENCE IN	CERTIFYING
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORM	MED	20a. AUTOPSY?	(Ob. IF YES, WERE FINDINGS AUSES OF DEATH?	CONSIDERED IN	CEKIIFTING
RTIFI	215 - 1016				YES NO	1			
	21g. ACCIDENT WAS UN		INJURY Manth Doy Year	21c. HOW I	NJURY OCCURRED (Ente	er nature of	f injury in Port 1 or Port 2	., Item 18.)	
MEDICAL	(If either, natify medical	l examiner) P.M.	19						
ME	21d. INJURY OCCURRED	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FACTORY,) DEFICE BUILDING, ETC.	21f. LOCATI	ON Street at R.F.D. No	a.	City ar Tawn	County	State
	While Not while at work		ATTEL BUILDING, ETC.			,			
	22a. I certify that	(1) (this haspital) atten	ded the deceased fro	am /	ay 13,19	69 , to			it (I) (we) l a
	saw the deced	ased alive on	94 16 1909	\mathbb{Z} , and th	at in (my) (our) op	inion de	oth occurred on the o	dote ond hour	r ond from th
		abave, (I) (we) (did) (d	lid nat) view the bady	after deat	th.		1.00		
	22b. SIGNATURE	11 LAW				MED.	STAFF CT	c. DATE SIGNED	1
	Ka	47 Den	say led	DEGREE		DIRECTOR	PHYS.	5/16/0	7
	22d. PHYSICIAN'S NAME (Type)	, 1 EM.			22e. ADDRESS	1	Vro 12. 1t.	1111 -	211 12-
	Italiar (The)	av/ T. W.	uson bes		Silya	1	N4 119610.	you	UVIV
23a.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMET	ERY OR CRE	MATORY	23d. LC	OCATION (City or Town)	(County)	(Stote)
	REMOVAL (Specify)	5-29-1969	Baltimor	e Cem	etery		Baltimore, 1	Maryland	i
	FUNERAL DIRECTOR		ADDRESS	3	2So. REC'D				- 60
W	m. Cook-Bro	oks Towson 10	050 York Roa	ad 212	04 MAY	211	369 James	CHO Joseph	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and non event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 moy be retained by the hospitol or ottending physicion.

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FOR STATE HEALTH DEPT.

06633

necessary, please execute the certificate, writing the ward "pending" in pencel in Item 18. Give Pages 1, 2, and 3 to the functal director Page 4 should be forwarded to the formal of t the funeral director. Page 4 shauld be farwarded to the Chief Medical Examine's Office along with farm PM3 Page

TO DEPUTY

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. The pages 1 and 2 with the State Departments Health priar to burial, crematian, ar remaval, and in any event within 72 hours after death. 5 may be retained far yaur files.

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	ATE KNOWN Manth Day Year 2b. HOUR
DOROTHY MARGINET MICE DE	ATH MATED 5-15-69 M
last birthday) MONTHS DAYS HOURS MIN	ATE PRONOUNCED DEAD 2d. HOUR
F W Sept 21 1883 85 YRS.	1969 5 M
70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY O	F DEATH
Very 40 RK US/4 WIDOWED & DIVORCED 103/7	timone Md.
	ION (Kind of work dane 12b. KIND OF BUSINESS OR ing life, even of retired.)
PARN TON LAIGEN Ave Hous	cwite -
13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY 13c. STATE 13b. COUNTY 13c. STATE 13b. COUNTY 13c. STATE 13c. S	TREET AND NUMBER
14. FATHER'S NAME First , Middle Last IS. MOTHER'S MAIDEN NAME First	Middle Last
Alhert F Heinize Margaret	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS 21,222
(Yes, pt or unknown) (If yes give war ar dates of service) HAMMOUNT A KIC	e 7434 School Lane
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
4/24 DUE TO, OR AS A CONSEQUENCE OF	
(anditions, if any, which gave rise to immediate cause (a), (b)	NA
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
last. (c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	I no ALITADEVO
WAS PERFORMED?	20. AUTOPSY?
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of in	YES NO
21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING P.M. 19 21d. INJURY OCCURRED (Enter nature of in P.M. 19 21d. INJURY OCCURRED (21a. PLACE OF INJURY (4b. home, form, street) 21d. INJURY OCCURRED (21a. PLACE OF INJURY (4b. home, form, street) 21d. INJURY OCCURRED (21a. PLACE OF INJURY (4b. home, form, street) 21d. INJURY OCCURRED (21a. PLACE OF INJURY (4b. home, form, street) 21d. INJURY OCCURRED (Enter nature of in P.M. 19	yury in Part 1 or Part 2, Item 18.)
216. TEACH OF MINOR OF MINOR OF MINOR SHEET OF MINO	City or Town County State
WHILE NOT WHILE at WORK AT WORK AT WORK	
220. I certify that I took charge of the remains described above, held an Autopsy , Inspection	on A Inquiry , ond in my opinion
deoth resulted from: Notural couses 🖳 Accident 🔲, Suicide 🔲, Hamicide 🔲, Ur	ndetermined monner
CHIEF MEDICAL EXAMINER [
SIGNATURE G.M. Trance M.D. ASSISTANT MEDICAL EXAMINER	22b. DATE SIGNED
EXAMINER'S DEPUTY MEDICAL EXAMINER	3/25/69
NAME (Type) To The RANCE ADDRESS (Street, city, town, or	
23a BURIAL, CREMATION, PREMOVAL (Specify) 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCAL 20c.	(State) (County) (State)
BUNGER GUART HOME BY REGISTRAN	25b. REGISTRAR'S SIGNATURE
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	DECEASED-NAME First Middle Last 2a. DATE OF DEATH	06633 2b. HOUR
3.		15 UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH BALTIMORE COUNTY BALTIMORE COUNTY	
3	FORT HOWARD 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of work dane during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)	12b. KIND OF BUSINESS OR NOUSTRY ATPLELD CO.
) ad	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN PARTYLAND 13b. COUNTY BALTIMORE 13c. NO 13b. NO 13b. COUNTY 13b. COUNTY BALTIMORE 13c. NO 13b. NO	Rd. Balto.Md.
	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle ROBERTA	MITCHELL
16	x. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) YES 16b. SOCIAL SECURITY NO. 215 28 97 24 CLIN RECORDS, VA HOSP. FT HOWAY	RD, MD.
NOL	DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 120a. AUTOPSY? 20b. IF YES WERE FINDINGS CONTRIBUTIONS CONTRIBU	NEISENERAL MARKETANIA
CEPTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES 7 20b. IF YES, WERE FINDINGS CONCAUSES OF DEATH NONE 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED Not while at wark at wark at wark office building, etc. 22a.	Caunty State , thot (1) (we) last e ond hour and from the
	22d. PHYSICIAN'S JOHN D. TALBERT, M. D. ATTENDING DIRECTOR STAFF PHYS. 22e. ADDRESS VAH FORT HOWARD. MD.	723/69

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First

1. DECEASED-NAME

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Lost

20. DATE OF DEATH

06634

Year

IF UNDER 1 YEAR

INDUSTRY

Road.

County

22c. DATE SIGNED

(County)

Metal

Bird

BETWEEN ONSET AND DEATH

State

(Stote)

MONTHS

2b. HOUR

9:55PW

HOURS

Last

12b. KIND OF BUSINESS OR

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Pages 1 and 2 urs after death.	

campletely filled in remove signed by the attending physician dod co burial-transit permit. Then please remor burial, crematian, ar remaval, and in any **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. has been O FUNERAL DIRECTOR: After this certificate

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

(Type or print) Milton M. Roberts 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years last birthday) 5-22-82 Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED carbon papers. ent, within 72 hau DIVORCED [WIDOWED 3 U.S.A. Baltimore Baltimore 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH during most of working life, even if retired.)
Lithographer give street oddress) Baltimore St. Joseph's Hospital event, 13a. USUAL RESIDENCE (Where deceased lived/if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY YES 5920 Falkirk Baltimore 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Edward Roberts 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes no, or unknown) (If yes give war or dates of service) 215-367-6056 Oscar C. Roberts R.D.#1 Boyertown. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myo Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar to Pulmonary embali 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES K NO [21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from April 24, 1969, to May 7, 1969, that (I) (we) last saw the deceased alive on May 7, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 shauld shauld be filed with the causes stoted obove, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE **ATTENDING** DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. Inez Cilli. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 5-10-69 Parkwood Cemetery Baltimore, Maryland 250 REC'D BY REGISTRAP 69 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 1000 York Rd.

Cook-Brooks Towson, Inc. Towson, Md. 2120 +Dale

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FOR STATE HEALTH DEPT.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director, Page 4 shauld be forwarded to the first start of the forwarded to the first start of the first start TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tand 2 with the State Department of 5 may be retained far your files. TO DEPUTY

death. Health priar to burial, cremation, ar removal, and in any event within 72 hours after

VR A15ME (5) 10M REV. 1/68

06637

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06635

		ECEASED-NAME	Firs		Midd	lle		Last			20. DATE KNOWN Month De	ay Year	2b. HOUR
	- (1	(ype or Print)	St	JSAN	LEH	2		RU	PERT		OF ESTI- DEATH MATED X	19	M
	3. SE	female	4. RACE white		of BIRTH y 17,1946.	6. AGE (In years last birthday)	MONTHS	DAYS	IF UNDER HOURS	24 HRS MIN.	2c. DATE PRONOUNCED DEAD Month May Day 6,	Year 19 69	2d. HOUR I 45 A M
À		BIRTHPLACE (Stote try)Maryla			OF WHAT COUNTRY? USA	8. N	ARRIED X		RRIED	9. COL	Baltimore		Md
56		ITY OR TOWN OF	F DEATH		11. NAME OF HOSPITA give street oddress) Greater I				during			b. KIND OF BUSI DUSTRY	NESS OR
20		USUAL RESIDEN		sed lived, if	institution: Residence	before 13c. (II)	ry or tow ltimo		YES N		13e. STREET AND NUMBER 1209 Walker Ave	enile	
4		ATHER'S NAME	First Chaunc		Middle	last ter	15. MO1	THER'S MAI	DEN NAME Ru	First	Middle	ldocks	
		WAS DECEASED EVes, 20, or unknow	(If yes give	FORCES? war or dates of s	16b. SOCIAL SEC 219-44-		17. INFOR		cey S	Show	alter ADDRESS	(Same)	
	N. S. S.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF										APPROXIMATE BETWEEN ONSET	
		rise to immed	iny, which gove liate cause (a), derlying couse) (t	o)TO, OR AS A CONSEQUI								
	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
1	CERTIFICATION	19a. DATE OF C	PERATION		19b. CONDITION WAS PERF		PERATION					20. AUTOPSY	? NO [
5	PRIMARY X OR CONTRIBUTING HOUR A.M. 12:232M. 5/26/69 Passenger in car which was involved in the control of collision with another car collision with anothe						t which was invoiced the another car City or Town	lved in	head.				
03		deoth re									ond in my	opinion	
2		ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Wei	ner U	J. Spitz, I	M.D.		DEP	UTY MEDICA	AL EXAM t, city, to	iwn, or county)	26/69	
		BURIAL, CREMA		DATE /29/6		Me of cemeter dens o			eme te		Baltimore, M	17	ate) ·
ho	24. Le	funeral direct	J. Ruck,	Inc.	Balto. Md	ADDRESS 2121	4		2Sa. REC'I		ACCOLLATION AND ACCOMPANIES	MATTERSE	n

166537 French William Committee of the State of the State

rediring recommended to the contract of

POST H.S. YAM

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hauss after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF IT

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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				CERTIFICA	TIE OF DEATH					4 63	V	
		First	Middle		Lost	2a. D	ATE OF DEATH				2b. H	IOUR/
(1	ype ar print)	John M.	Russell				May	18.	oy 1968	ar :	12:	154
3. SE	x Male	4. RACE	White	9	DATE OF BIRTH	n 10	6 AGE (n vears	IF UNDER 1	YEAR IF	HOURS 2	24 HRS. MIN
7a. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUN	NTY OF DEATH					
cour	St. Mary'	sqtyU	.S.A.	WIDOWED 2	DIVORCED		ltimor					Md.
C. C	atonsville	, Md.	ive street address)	ph's A	Jursing Civ	act of w	PATION (Kind of orking life, even Engine	if raticad \	INDUST	ND OF BU		
13o. odmi	USUAL RESIDENCE (Where design) STATE	eceased lived, if inst 13b. COUNT	itutian: Residence befare	IN CITY OF T	OWN 13d INSIDE CITY L	111777	13e. STREET AND 103 Me	NUMBER				
14. 8	ATHER'S NAME First	Middle		15.	MOTHER'S MAIDEN NAME	First		Middle			Last	-14
	Charles R	ussell			Adrianna	Daw	son		α-4		- 7 7	19
	WAS DECEASED EVER IN U.S. es, na, ar unknawn) (If yes	ARMED FORCES?	16b. SOCIAL SECURITY I	NO. 17. IN	FORMANT			Address	Cator	150	lll	6
1	NO No.	gre war ar adres or service)	217-38-2	2034 M	rs. Mary	A	Senner.	-103			AU	10.
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	or anly one couse pe AUSED BY:	r line far (o), (b), and (c).	Pentic	Condition		a des	aeny	BET	PPROXIMAT WEEN ONSE	T AND DE	ATH
	41711	MEDIATE CAUSE (o) _	OR AS A CONSEQUENCE OF	with a	condervos	mile	ton W s	regs.	-	0.00	-cir	
	Canditians, if any, which g	DOL 10, 0	OK AS A CONSEQUENCE OF					,	000			
	rise ta immediate couse ((o), (b)_	OR AS A CONSEQUENCE OF					-				-
	stating the underlying callast.	use (c)	or to a consequence of									
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITIO	N GIVEN IN PART	1(a)			-	
-	A TOTAL STORE		Children Control					100				
CERTIFICATION	190. DATE OF OPERATION 3-28-69	196. CONDITION FOR	WHICH OPERATION WAS PE	REORMED .	20a. AUTOPSY? YES NO	1	20b. IF YES, WER CAUSES OF DEATH		CONSIDERED	IN CERT	TIFYING	
	21a. ACCIDENT WAS UNDER	FOEATH HOUR A.	E OF INJURY M. Manth Day Year	24	V INJURY OCCURRED (Ente	er nature	af injury in Part	1 ar Part 2	, Item 18.)	28		
MEDICAL	111110 1101 111110		M. 19 RY (AT HOME, FARM, STREET, FAC		ATION Street or R.F.D. No	1.	City ar Town		County		St	ate
	22a. I certify that (I)	(بالمناب منابا)	attanded the decase	d fram M	037 11 10 6	-8	to here	£ 11	069	that (1) () last
	saw the decease	d alive an U	(did nat) view the	9 67 and	that in (my) (our) ap	inian d	eath accurred	an the d	late and h	iaur an	nd frai	m the
	22b. SIGNATURE	0		1.3		MED	STAFF	220	. DATE SIGNI	ED		
	Efrete	ie that	let 5	DEGRE		MED. Director			-19-5	9		
	22d. PHYSICIAN'S NAME(Type) John	A. Nesb	itt. Jr.)	22e. ADDRESS 1009 Fre	der	ick Road					
23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF		REMATORY	23d.	LOCATION (City a	Tawn)	(Caunty)	(Stote)	
24	Rurial FUNERAL DIRECTOR	5/21/69	uneral Estatopress	ainear	cal Cemete	1 4-	TDAD 12Ch	DEGISTRAD	'S SIGNATUR	E		
24.	FUNERAL DIRECTOR		ondson Ave.		MAY	22	1969		res y		4	

Catonsville, old. 21228

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FOR STATE DEPT.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Fried 14. List 14. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form files. 5 may be retained for your

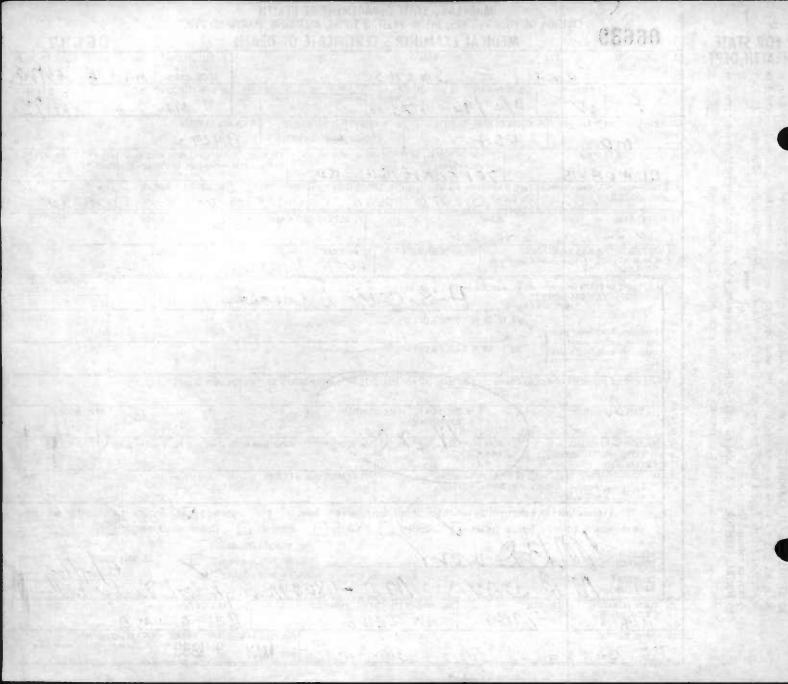
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TO DEPUTY

TO FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00000		MEDICAL	EXAMINEK:	CERTIFICAT	t UF DEATH		U	0037	
1. DECEASED-NAME	First		Middle	Lost	4	2a. DATE KNOWN	Manth Day	Yeor	2b. HOOR
(Type or Print)	EDNA	E.	SACH	5		OF ESTI-	MAY 1	6 1965	120M
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In	years IF UNDER 1 YEA		2c. DATE PRONOUNCE			2d. HOUR
F	W	3/21/9	6 7.3	YRS. DAY	S HOURS MIN.	Manth MAY		Year 1969	78 M
70. BIRTHPLACE (Stote	or foreign 71	. CITIZEN OF WHAT CO	UNTRY? 8.	MARRIED NEVER	MARRIED 7. CC	OUNTY OF DEATH	K TOTAL	(- (La) -	
country) MD	,	USA		WIDOWED [IVORCED [BALTO			Md
10. CITY OR TOWN OF		give street		UTION (If not in hasp		OCCUPATION (Kind af w of working life, even it		KIND OF BUSII STRY	NESS OR
13a. USUAL RESIDENC					13d. INSIDE CITY LIMITS?	13e. STREET AND NU	MBER		
admission) STATE	M.A.	13b. COUNTY BA	9 LTO 6	UNDALK	YES NO	70101	AKLE161	H RD)
14. FATHER'S NAME	First	• Middle	Lost	Is. MOTHER'S	MAIDEN NAME Firs		iddle	Lost	
WILL	1000	EROMA	11		\$	2		2031	
16g. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFORMANT		ADDRI	Ecc		
(Yes, no, or unknown			SOCIAL SECONITT NO.	RUTH	HIRROA		ABOVE	_	
VNK				10111	HIBBAR.	D.	HDOOF	APPROXIMATE I	INTERVAL
	DEATH (Enter only ATH WAS CAUSED	ane cause per line for	19, (b), and (c).)	11.1	1		277	BETWEEN ONSET	
1 / / 2		E CAUSE (a)	7-3-6	-V N.	ruene			2.7	
4/2	4	DUE TO, OR AS A	CONSEQUENCE OF				3000		
Conditions, if or	ιγ, which gove) ate cause (a),)	(b)	STATE STATE		The second				
stating the und		DUE TO, OR AS A	CONSEQUENCE OF						
last.)	(c)					PALES - 1-1		
PART 2. OTHER SI	IGNIFICANT CONDIT	IONS CONTRIBUTING	DEATH BUT NOT REL	ATED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART 1(a)			
				1		(-,			
19a. DATE OF OF	PERATION	19b.	CONDITION FOR WHIC	H OPERATION)			20. AUTOPSY	?
FICA			WAS PERFORMED?	- /				YES 🗀	NO D
19a. DATE OF OP	ALISE WAS	21b. TIME OF INJUR	March Dal Val	Date HOW NILLEY	OCCUPPED (Enter pa	ture of injury in Port 1	or Part 2 Itam 16		NO P
	CONTRIBUTING	HOUR A.M.	monit, bu, trai	ZIC. HOW HOOK!	OCCURRED (EILIGE 110	tore or injury in Port 1	or Pari 2, Hem 16	<i>i.</i>]	
PRIMARY OR CAUSE OF DEATH		P.M.	19						
- 1210. HOOK! OCC		ACE OF INJURY (At har		21f. LOCATION Str	eet or K.F.D. No.	City or Town	Cou	unty	Stote
AT WORK AT	WORK .	3,				/		13.6	COO
22a. I c	ertify that I ta	ak charge af the re	mains described o	bave, held an A	utapsy , Ir	nspection Ir	nquiry 2	and in my	y apinian
	ulted fram:	Natural causes	_/		, Hamicide				
	1m	20			CHIEF MEDICAL EXAMI	-			
ACTUAL	111111	200	177		ASSISTANT MEDICAL EXAMI		22b. DATE SIGNE	d .	
SIGNATURE	000	N			DEPUTY <u>M</u> EDICAL EXAM	/	61	1/00	21 -
EXAMINER'S NAME (Type)	M 19	1) 011	is N	1) -60	ADDRISS MEDICAL EXAM	town & country	Q. 1.	1/2/11	/
23a. BURIAL, CREMATI	ION 1925	MI	Jos. MANE OF CEN	ETERY OR CREMATOR	מושונוךטי	- אויינטייייין	During.	Cray"	
		5/9/69		ETERY OR CREMATORY	. 23	d. AOCATION (City or To		iry) (St	rate)
REMOVAL (Specif		/ 1/67		AWN	los series	BALTO,	MD.		
24. FUNERAL DIRECTO			ADDRESS		2Sa. REC'D BY R	0	EGISTRAR'S SIGNA	TURE CALL	ic.
J.6, C	ONNE	LLY SOI	us 30	O MAC	E DATE MAY	9 1969	1	0 0	1



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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------	---

	CEASED-NAME ype or print)	First Gerard	Middle Williar	lost Schuch	20. DATE O	F DEATH 2, 1969 Do	y Yeor	26. HOUR 1
3. SE)		4. RACE white		5. DATE OF BIRTH 12-3-19		6. AGE (In years last birthdoy)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
conn	BIRTHPLACE (State or foreign try) Baltimore ITY OR TOWN OF DEATH	USA 11. NAM	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED 120	D. USUAL OCCUPATION	F DEATH Baltim K (Kind of work done	12b. KIND OF	Md BUSINESS OR
13o. odmi	ssion) STATE	give stg	et oddress) seph Ho	spital du	Retired DE CITY LIMITS? 13e. S'	g life, even if retired.) TREET AND NUMBER 20 Wellbric		21 23/1
14. F	Maryland ATHER'S NAME First Pet	Middle	lost Schuch	1S. MOTHER'S MAIDEN N		Middle	Lynch	Lost
	WAS DECEASED EVER IN U. es, no, or unknown)	S. ARMED FORCES?	6b. SOCIAL SECURITY NO. 2-05-3828	17. INFORMANT Donald A.	Schuch	Address, son, 152		no St.
	Conditions, if ony, which rise to immediate couse stoting the underlying clost. PART 2. OTHER SIGNIFICATE	DUE TO, OR AS (c)	A CONSEQUENCE OF	ED TO THE TERMINAL DISEA	SE OR CONDITION GIVI	EN IN PART 1(o)		
CERTIFICATION	190. DATE OF OPERATION May 2,1969		operation was performed			F YES, WERE FINDINGS ES OF DEATH?	CONSIDERED IN C	ERTIFYING
MEDICAL	210. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical 21d. INJURY OCCURRED While Not while of work	ERLYING 21b. TIME OF II HOUR A.M. P.M.		Ic. HOW INJURY OCCURRED	(Enter noture of inju	ury in Port 1 or Port 2, y or Town	County	State
	22o. I certify that (ed olive on Play	ded the deceosed from 2, 199 id not) view the body o	, ond thot in (my) (ou	, 19 <u>69</u> , to M ur) opinian death	ay 2, , 19 occurred on the d	69, that ote ond hour	(#) (we) los ond from the
	22b. SIGNATURE	hieros me		DEGREE PHYS. C	MED. DIRECTOR	STAFE - 13.	y 2, 19	69
23o.	NAME (Type) Ch	23b. DATE	ciano, M.D.	7620 Y Y OR CREMATORY	23d. LOCAT	Towson, M	(County)	(Stote)
24 _S	FUNERAL DIRECTOR Chimunek	5/6/69 Funeral Horans Lane			REC'D BY REGISTRAR	1timore, 25b. REGISTRAR		- 10

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fudirectar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	1, MARYLAND
06643	CERTIFICATE OF DEATH	06010

	0004%	CERTIFICAT	E OF DEATH
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
12	DALLIMORS	MARYLAND	a. STATE Md b. COUNTY BALTO
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CARNEY	LITE	CARNEY
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
	3100 EASY	the	3/00 EAST HE YES NO NO
3.	NAME OF DECEASED First	Middle	Last 4. DATE Month Day Year
5.	(Type or print) TO SEPA	20	ChULIE DEATH MAY 18 1967
3.	M 24 / MARKIEU	THE TEN MARKITED	B. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Months Oays Hours Min.
10	a. USUAE OCCUPATION (Give kind of work done 10b. KHN	OIVORCEO DI DI OIVORCEO DI DI OIVORCEO DI	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
du	ring most of working life, wen if retired) INB	USTRY Ldine	MARY LAND - Baloce COUNTRY? SA
13	D. FATHER'S NAME	1 -	14. MOTHER'S MAIDEN NAME,
	HENRY School	110	KUNIGUNDA OLLRICH
15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO		INFORMANT Address
	es, no, or unkown) (If yes give war or dates of service)	5-03-85657 F	nn Scholle Jame
	18. CAUSE OF OEATH [Enter only one cause per line	e for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND OEATH
	PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	excusor	na jancioase 1 6 mas
	1579 DUE TO	harband	and to have and
	Conditions, if any, which gave rise to immediate (b)	roccours	eccy to pery state,
	cause (a), stating the DUE TO	ascile	
NO	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION		N	PERFORMED? YES NO
RTIF	20a. ACCIOENT WAS UNDERLYING 20b. OF OR CONTRIBUTING 2 CAUSE OF DEATH	SCRIBE HOW INJURY OCCU	RREO. (Enter-nature of Injury In Part I or Part II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJ Hour a.m	Not While 20e. PLA facto	CE OF INJURY (Home-farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
ME	p.m. 19 at work	at work	1 1 1 10
	1	the deceased from	19 to 19 that (I) (we) last
	saw the deceased alive on	4 19 7, and that	death occurred at 5.45 M, from the causes and on the date stated above.
3	Jane Harry	M.C.	ATTENDING MEO. STAFF STAFF
	22c. PHYSICIAN'S NAME (Type)	ن لد	22d. ADDRESS
_	JAANN 1-	XAJI	7008 TIARDAD Rd
23	REMOVAL (Specify)	23c NAME OF CEMETERY	OR CHEMATORY 23d. LOCATION (City, town or county) (State)
24	FUNERAL DIRECTOR	AODRESS A	A LOM A LEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	has to klans ton	8802 Has	TOR CONTMAY 2 1 1969 OCCURATION CONTRACTOR
=	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0, , , , , ,	- V I-Pualterin

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Peages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72-baurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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				CFRI	TIF	ICA.	TF ()F	DEA	TH

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	gr	11:11		10	DATE OF DEATH	Lot u
. DECEASED-NAME (Type or print)	First	Middle	Last	20	a. DATE OF DEATH Month Do	Y Yeor 2b. Ho
(Tipo or print)	Sarah	Elizabeth	Schuma	cher	5 17	
. SEX	4. RACE		S. DATE	OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 2
Female	Car	ucasian	12	-25-1886	last birthday)	MONTHS DAYS HOURS
a. BIRTHPLACE (State or fo			8. MARRIED NEVE		DUNTY OF DEATH	
ountry)			Summer	DIVORCED	Baltimore	
Baltim O. CITY OR TOWN OF DEAT	ore U.D	1. NAME OF HOSPITAL OR INST			CUPATION (Kind of work dane	12b. KIND OF BUSINESS O
	q	ive street address)		during most o	f working life, even if retired.)	INDUSTRY
Luthervill	e large days and lived if ince	titutian: Residence before	ege Manor	13d, INSIDE CITY LIMITS?	None 13e. STREET AND NUMBER	None
dmission) STATE	13b. COUNT			VEC NOT		Dana
	4		Baltimor		509 Windwood	
4. FATHER'S NAME	irst Middl		15. MOTHE	R'S MAIDEN NAME First	Middle	Last
	rge Schumac				Ann Markland	
6a. WAS DECEASED EVER	IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY N			Address	
Yes, no, or unknown)		220-44-042	5 S. M	. Edward	Luthery	ville, Md.
	(Enter anly one cause pe	er line for (a), (b), and (c).)			,	APPROXIMATE INTERVA BETWEEN ONSET AND OE
PART 1. DEATH V	VAS CAUSED BY:	OR AS A CONSEQUENCE OF	reardial	mlan	fin	himele
11/00	DUE TO	OD AS A CONSCOURNER OF	7	1		
Conditions, if any, w	hich gave)	OK AS A CONSEQUENCE OF	1 - 1	t - C-V	Desires.	
rise to immediate of			as ilya	ce co	usian	
stoting the underlyi		OR AS A CONSEQUENCE OF				
lost.) (c)_					
PART 2. OTHER SIGNI	FICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NO	T RELATED TO THE TER	RMINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)	
z C	rolletth	earen				
19a. DATE OF OPERATION AS	ON 19b. CONDITION FOR	WHICH OPERATION WAS PER	RFORMED 20a.	AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
Ě				ES NO		
		NE OF INJURY	21c. HOW INJUR	RY OCCURRED (Enter nat	ure af injury in Port 1 or Part 2,	Item 18.)
OR CONTRIBUTING (If either, notify med		i.M. Manth Day Year P.M. 19				
	ED 21e. PLACE OF INJU	RY (AT HOME, FARM, STREET, FACT		Street or R.F.D. Na.	City or Town	County Sto
While Nat while at work		OFFICE BUILDING, ETC.				
22g I certify th	at (I) (this hospital)	ottonded the decease	d from	mail 1/19/19	to May 17 19	169 , that (I) (June
sow the de	ceased olive an	Carry 131	9 64, ond that i	n (my) (our) apinior	n deoth occurred on the d	ate and hour ond from
couses state	ed obove, (I) (we) (d	li d) (did not) yiew the b	oady ofter death.			
22b. SIGNATURE	1 110	1	AT	TENDING IZI MED.	STAFF - 22c.	DATE SIGNED
/	1. Chlla	where	DEGREE PH	YS. MED. DIRECT	TOR PHYS.	2/19/69
			220	e. ADDRESS		7
22d. PHYSICIAN'S			1			
22d. PHYSICIAN'S NAME (Type) D	r. Allan	A. Spier		1501 Pent	ridge Rd., Ba	alto. Md.
NAME (Type) D	r. Allan		EMETERY OR CREMATI			(County) (State)
NAME (Type) D	23b. DATE	23c. NAME OF C	EMETERY OR CREMATO	DRY 23	d. LOCATION (City or Town)	(County) (State)
NAME (Type) D		23c. NAME OF C		DRY 23	dd. LOCATION (City or Town) Balto GISTRAR 256 REGISTRAR	(County) (State)

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M. e. f. K.	urenand	S. S. Edward	280-44-085	
The . Y				P. L. Marie
	ol. in sprin	in 1 loca	nelgg . A m	olia .wo
* ():)				

FOR STATE HEALTH DEPT.

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iny delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to PMS Page the funeral director. Page 4 should be forwarded to the Chief Medical Examipers Office along with form This certificate should be executed within 24 hours after death DICAL EXAMINER: TO DEPUTY

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tand 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. 5 may be retained for your files.

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	-	-	-	-
0	R	15	L	9
U	U	U	7	14

(Type or Print)		rst	Middle			ast		2a. DATE KNOWN Month I	Doy Yeor 2b. HO		
(Type of Time)	MICH	EAL	E.		SCHW	ARTZ		DEATH MATED	114196972		
3. SEX	4. RACE	S. DATE OF BIRTH		. AGE (In years	MONTHS	YEAR IF I	UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	2d. HO		
M	CAU	5-18-19	21	ast burthday)	MUNITS	DATS	JK2 MIN	Mary De Doy	Year 19 69 75		
7a. BIRTHPLACE (Stat		76. CITIZEN OF WHAT	COUNTRY?	8. MA	RRIED NE	VER MARRIED	9. 00	UNTY OF DEATH			
country) Ohi	0	U.S.A.		WID	OWED	DIVORCED	BA:	LTIMORÉ			
BALTIMO		GREASITE'S	NE OF HOSPITAL O						2b. KIND OF BUSINESS OR NDUSTRY		
		ased lived, if institution					E CITY LIMITS?	13e, STREET AND NUMBER			
admission) STAT	ICC (Wilere dece	nd 13b. COUNTY B	on: Kesidence De	T 11+		Lle YES		1018 Jamieson	Pood 21003		
					_						
14. FATHER'S NAME	First	Middle		Last		r's maiden n Helen l			last		
		w Skvorc					Kovarc				
(Yes, no. or unkno Yes			6b. SOCIAL SECUR		17. INFORMAN		Cabana	ADDRESS	on DJ 2100		
Yes	, MM.	2	288-16-	9803	Mrs.Ru	ith C.	SCHWS	artz 1018 Jamies			
		only one couse per line	for (b), (b), one	(c).)		, (1	,	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH		
PARI I.	DEATH WAS CAU!	DIATE CAUSE (o)	(m	1000	074	/	100	/USI on	Sudder		
1410	9		S A CONSEQUENC	E OF	/	1			-1-1-		
	Conditions, if only, which gove)										
	rise to immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
last.	stating the bridging coose										
PART 2 OTHER	SIGNIFICANT COL	VDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE	OR CONDITION	ON GIVEN IN PART 1(a)			
								on origin in trace (a)			
19a. DATE OF	OPERATION	11	9b. CONDITION F	OR WHICH OP	ERATION				20. AUTOPSY?		
Z.			WAS PERFOR	MED?					YES TO NO T		
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	OR CONTRIBUTING	HOUR A.M.		19				2, 100			
PRIMARY CAUSE OF DEA	-	P.M. PLACE OF INJURY (At	hame form stre		21f LOCATION	Street or R.F.	D. No.	City or Town	County Stot		
		foctory, office building,	etc.)	,	ZII. LOCATION	311001 Q1 K.I.	D. 140.	City of Town	5101		
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SIGNATURE	Mo	clest	102/8	THU	MIL	ASSISTANT	MEDICAL EX	AMINER 225-DATES	IGNED		
EXAMINER'S	CHA DI	LES F. O'	DONNE	r.T.			EDICAL EXAM		4/69		
NAME (Type)	CHAR	DES F. U	POMM		0	ADDRESS(Street, city, to	own, or county)	//		
230. BURIAL, CREMA	-11.1	b. DATE		OF CEMETERY				l. LOCATION (City or Town)	(Caunty) (State)		
Crewya Cr	on 5	-17-1969	Gree	nmount	Crema	atory	I	Baltimore, Maryl	and		
24. FUNERAL DIREC	TOR		A	DDRESS	New	2So.	REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S SI	GNATURE		
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06643 CERTIFICATE OF DEATH

					CEIXIIII	CAIL OI	DEATH	1					
	ECEASED-NAME	First		Middle		Last		2a. DATE OF	DEATHDe	\	Your -		HOUR
		GUISE			SCI	LIPOTI		M	ay Month 38		969	_	05 M
3. S	X		4. RACE			S. DATE OF E			6. AGE (In years last birthdoy)	#F UNOER	1 YEAR DAYS	IF UNDER	24 HRS.
	Male		Whit	te		12-1	4-1896	95	73 YRS.	MONTES	DATIS	Houks	min
	BIRTHPLACE (State or for	reign	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY OF	DEATH				
Luo	"" Italy		U.S		WIDOWED		RCED 🗌		Baltimore				Md.
10.	Towson		11. NA give a	ME OF HOSPITAL OR INS	Hospital Hospi	not in hospitol			(Kind of work done life, even if retired.)	12b. I INDU		BUSINESS	OR
	USUAL RESIDENCE (Whe issian) STATE Marylan		13b. COUNTY	an: Residence before	13c. CITY O	r Town	13d. INSIDE CITY LIFE YES NO		REET AND NUMBER 814 Glende	ale A	lve.	212	234
14.	FATHER'S NAME Fire	st	Middle	Last	1	S. MOTHER'S N	AIDEN NAME FI	irst	Middle			Last	
	Thoma	S		Scilipot	i		Jose	ephine	?		2)	
160	WAS DECEASED EVER IN	U.S. ARMI	D FORCES?	16b. SOCIAL SECURITY		INFORMANT			Address				
	res, no, ar unknawn)	fit has dina ma	r or dates of service)	216-01-77	20 1	Mrs Sar	ta Scil	linoti	Same				
ATION	PART I. DEATH W. H/2 H Conditions, if ony, whinse ta immediate costoting the underlying lost. PART 2. OTHER SIGNIFIED TO THE SIGNIFIED TO TH	ich gave use (o), g cause	DUE TO, OR A (b) DUE TO, OR A (c) DITIONS CONTRIBU	Cardiogen S A CONSEQUENCE OF Intractab S A CONSEQUENCE OF Arteriosc TING TO DEATH BUT NO ICH OPERATION WAS PE	le Cor lerot: OT RELATED T	ngestiv	iio-vasc AL DISEASE ORCO	ONDITION GIVE	N IN PART I(a)	CONSIDER	ED IN CE	RTIFYING	G
CERTIFICATION							YES NO CAUSES OF DEAT						
MEDICAL CE													
	22a. I certify that saw the dece causes state. 22b. SIGNATURE	t (I) (this eased ali d abave,	(1) (we) (did)	ended the decease May 30 (did pot) view the	bady after	ATTEND PHYS.	ING M	IED.		DATE SIG	NED 0-69		e) last
	BURIAL, CREMATION,	23b. D 6/2	ATE 2/69	23c. NAME OF Garden	s Of I	Faith		Balt	ON (City or Town)		nd	(Stote)
0.4	FUNIFOAL DIDECTOR			ADDDCCC			1 3C DEC'D D	V DECISTDAD	I OCH DECICEDAD	CICAIATI	IDC		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haers at death.

be executed within 24 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

Leonard J

Ruck Inc. Baltimore, Maryland

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State with the death ond offe haurs pages Ei within permit. burial-transit = 0 remaval pe OF 3 shauld crematian,

TO DEPUTY DICAL EXAMINER: This certificate should necessary, please execute the certificate, writing the ward the funeral director. Page 4 should be farwarded to the CF 5 may be retained far your files.

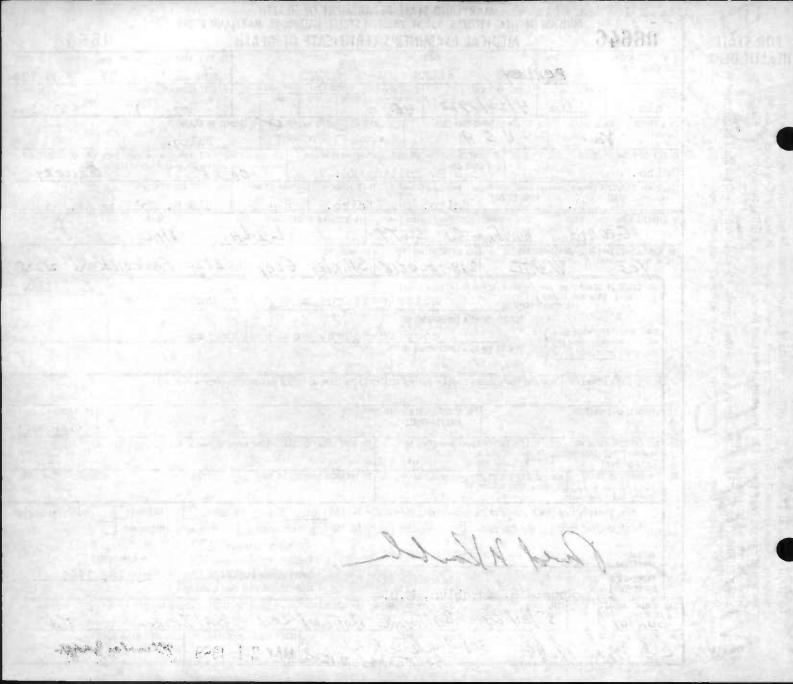
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-tra

06644 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 20. DATE KNOWN Middle Month 2b. HOUR (Type or Print) ESTI-OF PERLEY ALLEN SCOTT DEATH MATED 19 69 1219 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4 RACE IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR Male White 6. 19 69 YRS 12p M 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S.A. country) Va WIDOWED [DIVORCED [Balto. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) Balto. rura Rolling Rd. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO Md. Balto. Balto 516 N. Rolling Rd Middle 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME ScoT1 TAL SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (Yes, no, or unknown) Shirley FRODERICK 2/20 218-18-0818 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Arteriosclerotic cardiovascular diseas IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove complicated by acute ethylism rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO T 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an AutopsyXX, Inspection Inquiry and in my apinian Suicide . death resulted from: Natural causes X Accident ... Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER XX DEPUTY MEDICAL EXAMINER May 18, 1969 **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Ronald N. Kornblum, M.D. 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) 24. FUNERAL DIRECTOR 25g REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Mendan

Film 413 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VR A15ME



MARYLAND STATE DEPARTMENT OF HEALTH

			011		/1111mm	O. HENGELL		
DIVISION	OF VITAL	RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
			CERTI	FICATE (OF DEA	\TH		

		00020		CERTIFICA	TE OF DEATH		06645	
	(1		irst les L'indide	Sha.	Aster	20, DATE OF DEATH Month /7	DOY 1960	2b. HOUR 7, OS AM.
	3. SE	M	4. RACE CZUC.	S.	Date of Birth 9,18	6. AGE (In years last birthday)	MONTHS DAYS S.	HOURS MIN.
	7a. E caun	BIRTHPLACE (State or foreign	n 76. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	MEVER MARRIED 9. DIVORCED 9	COUNTY OF DEATH		Md.
0	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL C give street address)	MACO		OCCUPATION (Kind of work dan of working life, even if retired		1 1
3		USUAL RESIDENCE (Where of issian) STATE	deceased lived, if institution: Residence be	fore 12 CITY OR TO	ON YES NO		ost 1	Pd
		ATHER'S NAME First	Henry Shar	Her	NOTHER'S MAIDEN NAME First	Ven Bas	chone	lost
		was deceased ever in U.s. es, na, agunknawn) (If ye	S. ARMED FORCES? 16b. SOCIAL SECU es give war or dates of service) 218-31	7-3749 //	rs. Anna Si	haffer All	acost /	Md
		PART 1. DEATH WAS (DUE TO, OR AS A CONSEQUENCE (b) (c), (b)	e OF	Thrombo	nis		NSET AND DEATH
		PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO T	HE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)		
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDING: CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDED OR CONTRIBUTING CAUSE (If either, natify medical e	OF DEATH HOUR A.M. Month Day P.M.	Year 19		ature of injury in Part 1 or Part	2, Item 18.)	
	ME	21d. INJURY OCCURRED While Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC	ET, FACTORY.) 21f. LOCA	TION Street ar R.F.D. Na.	City or Town	County	State
		sow the deceas	(this hospital) ottended the dec sed alive on bove, (I) (we) (did) (did not) view	19 <u>69</u> , ond t	, 19 <u>44</u> hat in (my) (9 44) opinio ath.	on deoth occurred on the	19 <u>69</u> , that date and hour d	
		22b. SIGNATURE	m. Fran	e howere	ATTENDING PHYS. MED DIRE	CTOR STAFF 22	C. DATE SIGNED	9
		NAME (Type)	M. FRANC	F CONTINUE OF CO	77	PK TON, 1	Md.	/S:
		BURIAL, CREMATION, PENOVAL (Specify)	23b. DATE 22c. NAMI	OF CEMETERY OR CR		23d LOCATION (City or Town) REGISTRAR 2Sb. REGISTRA	Ballo.	Md.
	14	FUNERAL DIRECTOR	artoustay New 7	reedom	PO DAMAY 2		wles Judy	ge .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funerol director, page 3 should be detached for use os the burial-tronsit permit. Then please regions carbon papers. Peges and 2 models filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or ottending physician.

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HON CITYOUT END

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06648 CERTIFICATE OF DEATH 06646 First 2 1. DECEASED-NAME (Type or print) (3) Last 2a. DATE OF DEATH Middle 2b. HOUR SHANNON GYACE 5:15AM PINI rsicion and completely filled in by the top please remove corban papers. Pages I, ond in any event, within 72 hours after 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 6. AGE tin years white last birthday) MONTHS HOURS law requires that the death certificate be executed within 24 hours aft EMAJE 1tugust 30, 1876 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED 4.5.A. Baltimore Cour WIDOWED X DIVORCED Harf. Co. Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ZONE give street address) during mast of warking life, even if retired.) **INDUSTRY** BAHmore Armacost Nursing Home HIMEMAKET 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE maryland 13b. COUNTY BALLMOTE YES X NO 1310 LAKESIDE HUENUE 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last First 9114 DAVIS AdELINE GEORGE 17. INFORMANT Daughter BE5-0951 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 1310 LAKESIDE AVENUE Yes, ng. gr unknawn) Mrs. HEIEN B. COALE 215-05-0792D the offending physical them p Baltimore, Maryland 21218 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ed arteres deros ronecale IMMEDIATE CAUSE (a) cremotion, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-tronsit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Qualettes prior to has been the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 05 CAUSES OF DEATH? YES 🔲 NO 🔀 for use 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year the hospital of (If either, notify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State Stote Dept. County While Nat while at wark O FUNERAL DIRECTOR: After Anne, 1961, to My 2, 1969, that (1) (we) last be retained should 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE director, poge should be filed PHYS. 22e. ADDRESS 22d. PHYSICIAN'S 3501 St Paul St. Franklin NAME (Type) E.Leslie 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION REMOVAL (Specify) Rock Spring Episcopal Church CEM. For Est Hill, Hart. Co., Md. 21050 may 4, 1969 Burial 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S STGNATURE 24. FUNERAL DIRECTOR w. Brondway & williams &

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Item 7a Film G 413 6/4/69 jmj DIVISION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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Sheldrake	n	P123			(ERTIFICA	ATE OF	DEATH			066	47
SAME	. DECEASE		First	7-7-5	Middle		Lost		20. DATE OF	DEATH		2b. HOUR
BIRTHPLAKE (Spie) or (pringing) The CITIZEN OF WHAT COUNTRY) WINDOWED DIVORCED 120. USUAL OCCUPATION (Kind of work done with few properties of the control of work done logic strength of which great of which, if institution: Residence before last times of logic strength of which great of which is even if relieved. However, and the control of the	(Type o	r print)	Grace	I	D.	Shel	drake		May	Month 30	1969	10:41
BIRTHPLAKE (Spie) or (pringing) The CITIZEN OF WHAT COUNTRY) WINDOWED DIVORCED 120. USUAL OCCUPATION (Kind of work done with few properties of the control of work done logic strength of which great of which, if institution: Residence before last times of logic strength of which great of which is even if relieved. However, and the control of the	. SEX		45			5						IF UNDER 24 HR
CITY OR TOWN OF DEATH	F	emale		V	White		11-28	-1896		72 YRS.	MONTHS DATS	HOURS
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. USUAL RESIDENCE (Where deceased lived, if institution: Residence before list. CITY OR TOWN Balttimore 13s. CITY OR TOWN 13s. MODELETY MUSTERS 13s. MOTHER'S MANNE 13s. MOTHER'S). CITY O	R TOWN OF DEAT	Н	11. NA	ME OF HOSPITAL OR INS	TITUTION (If not	in haspital	12a. USUAL	OCCUPATION	(Kind of wark dane		
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FATHER'S NAME JOHN B. Hine J	3a. USUA dmission)	STATE Mary	ere deceased	lived, if institution	on: Residence befare	13c. CITY OR T	OWN				Parkwa	v
DUE TO, OR AS A CONSEQUENCE OF MYOCATION OF WHICH OPERATION WAS PERFORMED 10. ACCIDENT WAS UNDERLYING 10. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH (Enter only one cause per line for (a), (b), ond (c).) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). 10. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). 10. ACCIDENT WAS UNDERLYING 10. OR AS A CONSEQUENCE OF MYOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). 10. ACCIDENT WAS UNDERLYING 10. ACCIDENT WAS UNDERLYING 10. ACCIDENT WAS UNDERLYING 10. THE WAS CAUSED BY PROBLEMS OF DEATH PROBLEMS OF DEATH PROBLEMS OF DEATH PROBLEMS OF DEATH PROBLEMS. PROBLEMS OF DEATH PROBLEMS OF DEATH PROBLEMS OF DEATH PROBLEMS. PROBLEMS OF DEATH PROBLEMS.	4. FATHER	R'S NAME Fil	rst	Middle	Last	15.	MOTHER'S M	AIDEN NAME Fin				
18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: (mMCDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Phlebothrombosis, congestive heart failure, (is) DUE TO, OR AS A CONSEQUENCE OF Phlebothrombosis, congestive heart failure, (is) DUE TO, OR AS A CONSEQUENCE OF Phlebothrombosis, congestive heart failure, (is) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 199. DATE OF OPERATION 199. DATE OF OPERATION 190. CAUSE OF DEATH (If either, noilty medical examiner) 210. ACCIDENT WAS UNDERLYING (if either, noilty medical examiner) 211. HOUR A.M. Month Day Year (If either, noilty medical examiner) 212. ACCIDENT WAS UNDERLYING (if either, noilty medical examiner) 212. ACCIDENT WAS UNDERLYING (if either, noilty medical examiner) 213. ACCIDENT WAS UNDERLYING (if either, noilty medical examiner) 214. AUDIT A WAS UNDERLYING (if either, noilty medical examiner) 215. SIGNATURE 216. DEGREE PHYSICIANS (if this haspital) attended the deceased from May 5, 180, 180, 180, 180, 180, 180, 180, 180		John	В. Ні	ne			Mary 3	ane de	Gruch	V		
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED 89: IMMEDIATE CAUSE (a)						10. 17. IN	FORMANT			Address	160-	
PART 1. DEATH WAS CAUSE BY: Pulmonary embolism, massive DUF TO, OR AS A CONSEQUENCE OF MYOCAR dial infarction. (b) Phlebothrombosis, congestive heart failure, DUF TO, OR AS A CONSEQUENCE OF MYOCAR dial infarction. (c) Phlebothrombosis, congestive heart failure, DUF TO, OR AS A CONSEQUENCE OF MYOCAR dial infarction. (c) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. AUCOPSY? 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED CAUSES OF DEATH? 21d. INJURY OCCURRED 21d. INJURY	185, 110		(ii jes gite ii ai	n dates of service,	216-46-107	1 Hu	bert .	. Sheld	lrake,	6603 East		
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Phlebothrombosis, congestive heart failure,	18.				e far (a), (b), ond (c).)							
DUE TO, OR AS A CONSEQUENCE OF Phlebothrombosis, congestive heart failure, is to immediate cause (o), stoting the underlying couse lust. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 21a. ACCIDENT WAS UNDERLYING PART 10b. CAUSE OF DEATH (If either, notify medical examiner) P.M. Month Day Year 19 21d. INJURY OCCURRED While Not while 10b While Not while 10b Was 19b While Not while 10b Was 19b While Not while 10b Was 19b Was 19b While 10b Was 19b Was 19b Was 19b While 10b Was 19b Was 1		PART I. DEATH W			ulmonary e	mbolis	m, mas	sive			100	
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22d. PHYSICIAN'S NAME (Type) Eugenio Antonio, M.D. 22e. ADDRESS 7620 York Road Towson Md. 21204 D. BURIAL, CREMATION, REMOYAL (Specify) 6-3-69 Parkwood Balto., Md. FUNERAL DIRECTOR ADDRESS 22e. ADD	220.	SIGNATURE	MI	In force	2 911.1) DECREE		NG ME	D.	STAFF X		1969
NAME (Type) Eugenio Antonio, M.D. 7620 York Road Towson Md. 21204 D. BURIAL (REMATION, REMOYAL (Specify) 6-3-69 Parkwood Balto., Md. FUNERAL DIRECTOR ADDRESS 250. RECD. BY REGISTRAR'S SIGNATURE	224	DELVEICIAN'S	16	1/0000	1 ca 1	- DEGKE	11110.		RECTUR -	PHYS.	,	
b. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 6-3-69 Parkwood Balto., Md. FUNERAL DIRECTOR ADDRESS 25a. REC.D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	220.		Eugeni	o Anton	io. M.D.				Road	Towson Md	27204	
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3. S	EX	4. RACE		S.	DATE OF BIRT	Н		6. AGE (In year	S IF UNGER 1	YEAR IF UNDER DAYS HOURS	24 HRS.
	MALE	13	WHITE		MARCH	17, 1909)	last birthday)	YRS.	DATS HOURS	more,
	BIRTHPLACE (State ar fareign	7b. CITIZE	N OF WHAT COUNTRY?	8. MARRIED		ED_	UNTY OF				
	ALTIMORE MD.	l	I.S.A.	WIDOWED X				MOREX			Mo
	BALTIMORE		11. NAME OF HOSPITAL OR INS give street address) 23 RANDALL	AVENUE	in haspital	during most of	CUPATION WOLKING	(Kind af work life, even if reti	dane 12b, KI red.) INDUS RE	ND OF BUSINESS IRY TAIL	OR
13a. adm	USUAL RESIDENCE (Where do	ND 13b. CO	f institution: Residence before DUNTYBALTIMORE	13c. CITY OR TO		d. Inside City Limits? Yes NO 🔀		REET AND NUMB	AVENUE		
	FATHER'S NAME First		Middle Last	1S. I	MOTHER'S MAID	DEN NAME First		Mid	dle	Last	
	DANIE	L	SHERM	IAN	- 1	REBECO	CA	7 63	1L	?	
160	. WAS DECEASED EVER IN U.S.		S? 16b. SOCIAL SECURITY	NO. 17. INF	ORMANT		21/1/4	Addr		T1117	
	Yes, no or unknawn) (If yes	give war or dates or :	213-05-85	80 MIS	S BHIR	LEY SHET	KMAN,	23 I AN			
	PART I. DEATH WAS C	AUSED BY:	se per line far (a), (b), and (c).	Course	11 7	romba	24			APPROXIMATE INTERI TWEEN ONSET AND D	
13	11100	MEDIATE CAUSE	(a) TO, OR AS A CONSEQUENCE OF	16 00 .01					7/1-0/02	- Cara	
	Canditians, if any, which g	ave)	(h)	A ASO	IN				0	years	
	rise to immediate cause stating the underlying ca		TO, OR AS A CONSEQUENCE OF				41 .	-33.10			
	last.		(c)								
	PART 2. OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE OR CONDI	TION GIVE	N IN PART 1(a)			
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPS	5Y? NO □		YES, WERE FIND OF DEATH?	INGS CONSIDERE	D IN CERTIFYING	3
			. TIME OF INJURY		V INJURY OCCU	RRED (Enter nate	ure af inju	ry in Part 1 ar P	Part 2, Item 18.)		
MEDICAL	OR CONTRIBUTING CAUSE C	r DEATH HO	UR A.M. Manth Day Year P.M.								
MEI	21d. INJURY OCCURRED	21e. PLACE OF			ATION Street	ar R.F.D. Na.	City	ar Tawn	Caunty		State
	While Nat while at wark				0	(5		Vh	19		
	saw the decease	d alive an_	al) attended the deceas	19, and	that in (my)) (our) apiniar	, ta n death (accurred an t	he date and		re) la am th
	22b. SIGNATURE	you	ynthea	Mydegrei	ATTENDING PHYS.	DIRECT	OR 🗆	STAFF PHYS.	22c. DATE SIGN	3/19	
	22d. PHYSICIAN'S NAME (Type)	SOSEP	H SHEAR	,	22e. ADDRI 6715	PARK H				1 /	
23	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5-4-69		CEMETERY OR C	REMATORY			ON (City or Town		y) (State	e)
24	FUNERAL DIRECTOR	J-4-69	ADDRESS			2Sa. REC'D BY RE	GISTRAR	2Sb. REGIS	TRAR'S SIGNATU		
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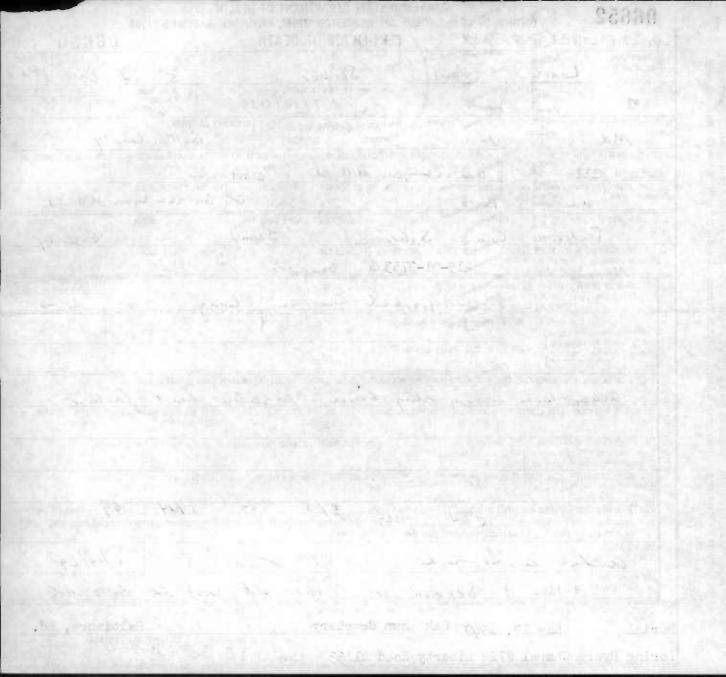
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06651 CERTIFICATE OF DEATH 06649 DECEASED-NAME First Middle Last 2a. DATE OF DEATH deoth. the transfoli 2b. HOUR (Type or print) Minnie Sherwood 69 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS 12-18-95 Female White signed by the attending physicion and completely filled in to the buriol-transit permit. Then please remove corbon papers: buriol, cremation, or removal, and in ony event, within 72 hours 24 hours 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) DIVORCED X Baltimore Maryland WIDOWED 17 Baltimore 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) Homemaker INDUSTRY Baltimore 21204 | St. Joseph's Hospital 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Baltimore 21204 Own Home be executed 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY 52091/2 York Road, Balto., 12, Md Marvland 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First John Klein Unknown certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) 216-16-2498 Mrs.Edith Johnson. 403 Woodford 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) requires that the deoth PART I. DEATH WAS CAUSED BY Complete Heart Block IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) Inferior Myocardial Infarction rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Arterotic Sclerotic Cardio Vascular Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the phould be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING O HOSPITAL OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? NO 4 YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram May 12 , 1969 , ta ___19_69, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an____ May 27 be retained causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS. 22d. PHYSICIAN 22e. ADDRESS NAME (Type) Dr. Jami M. Punzalan 7602 York Road, Baltimore, Maryland 21204 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Md. BelAir Memorial Gardens, Bel Air Sons Co 4905 York Rd.

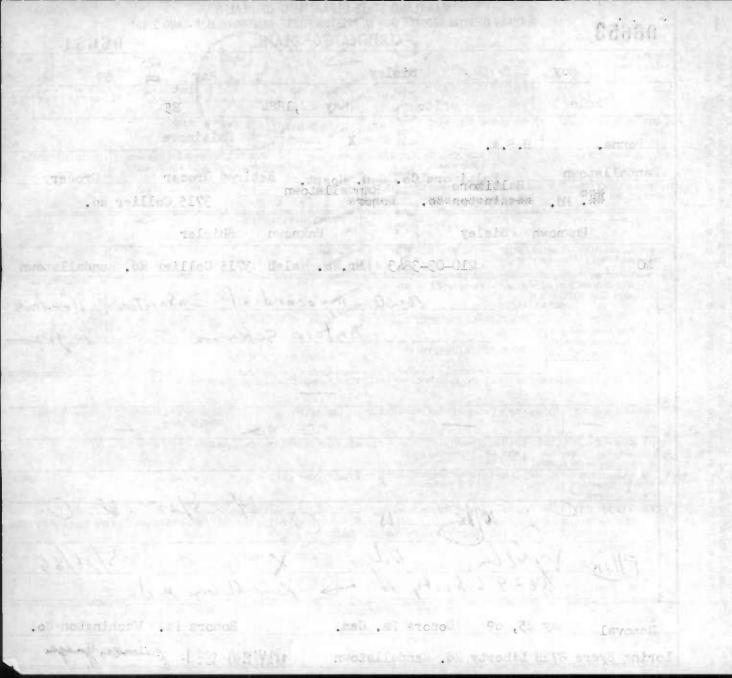
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06652 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Itemlo Filmc412 5/22/69 kk CERTIFICATE OF DEATH 06650 1. DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR that the death certificate be executed within 24 hours after death (Type ar print) and completely filled in by the funeral Sieber Loyes 3. SEX 4. RACE 6. AGE (In years IF UNDER I YEAR lost birthdoy) W 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ban papers. within 72 ha Balto County 115A WIDOWED | DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10, CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done Box 222-Lyons Mill PL during most of warking life, even if retired.) INDUSTRY Owings Mills event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13al to · Box 222 Lyons Mill and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Frederick lease by the attending physicial transit permit. Then pleas crematian, ar remaval, and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknown) (If yes give war or dates of service) 215-01-3753 A APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Undefficiential Common of Com DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 2 TO FUNERAL DIRECTOR: After this certificate has been as the Health priar to CAUSES OF DEATH? use YES [NO [210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) ottended the deceased from \$\frac{3}{3}\, 19\frac{27}{2}\, ta \frac{5104}{3}\, 19\frac{67}{3}\, that (I) (we) last saw the deceased alive an \frac{514}{3}\, and that in (my) (our) opinion death accurred an the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the bady after deoth. 22b. SIGNATURE ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS old Good Kol 5601 directar, 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Oak Lawn Cemetery
ADDRESS Baltimore. 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR DATEMAY Loring Byers Chapel 8728 Liberty Road 21133





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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		CEI	KIIFICA	HE UF DEATH	1		,	0000	3
1. DECEASED-NAME Firs		Middle		Last	ola DA1	TE OF DEATH			2b. HOUR
(Type or print)	TUR	MERIDITH		SMITH		Month MAY	Doy	1969	12.4
. SEX	4. RACE		5	. DATE OF BIRTH		6. AGE (In year	rs	IF UNDER 1 YEAR	IF UNDER 24 HRS.
MALE	CAU	CASIAN		APRIL 29,	1925	lost birthdoy	YRS.	MONTHS DAYS	HOURS MIN.
. BIRTHPLACE (State or foreign untry)	7b. CITIZEN OF W	HAT COUNTRY? 8.	MARRIED [X	NEVER MARRIED	9. COUNT	Y OF DEATH			
VIRGINIA	U.S	.A. W	IDOMED [DIVORCED [BA	LTIMORE			M
FORT HOWARD	11. N give	AME OF HOSPITAL OR INSTITU street oddress) ETERANS ADMI	HOS	in hospital PTTAL during		TION (Kind of work king life even if ret		12b. KIND OF INDUSTRY	BUSINESS OR
30. USUAL RESIDENCE (Where deced	sed lived, if institut	ion: Residence before 130	. CITY OR T			e. STREET AND NUME			
MARY LAND	13b. COUNTY	E ARUNDEL	JESS	UP YES -	NO D	OX C55, HC	LIDA	Y MOBI	IL ESTA
4. FATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAIDEN NAME			ldle		Last
ARTHUF		SMITH		EMM	Α			SOL	JIS .
60. WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY NO.		ORMANT	11.	Add	ress	11/1-12	
YES ar unknown) (If yes give	war or dates of service)	231 18 997	2 CI	INICAL RECO	ORDS,	VA HOSPIT	AL,		
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:	ne for (o), (b), and (c).) HEPATIC COM				March 8		APPROXI	MATE INTERVAL DISET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse	(b)	AS A CONSEQUENCE OF LIVER CIRRHO AS A CONSEQUENCE OF	OSIS					YE	ARS
PART 2. OTHER SIGNIFICANT CO DIABETES ME 19a. DATE OF OPERATION 19b 21a. ACCIDENT WAS UNDERLY!		NSIDERED IN CI	ERTIFYING						
				YES NO [K C	AUSES OF NOTH? AU	TOPS	SY	
OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. iner) P.M.	Manth Day Year	1.87	INJURY OCCURRED (En		injury in Part 1 ar F	Part 2, Ite	m 18.)	
21d. INJURY OCCURRED While Nat while at wark at work	. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) 21f. LOCA	ATION Street ar R.F.D. I	Na.	City ar Town		County	State
22a. I certify that (1) (the saw the deceased of	live on 5-7	ended the deceased f 69 19 (XXXXX view the bad	, and	that in (XXX) (qur) a	, ta pinian dec	5-7-69 oth accurred an t	_, 19_ he date	, that and haur	翼) (we) las and fram the
22b. SIGNATURE Joke) fee	noun	DEGREE	11173.	MED. DIRECTOR	STAFF NHYS.		TE SIGNED	
22d. PHYSICIAN'S NAME (Type) PET1	er v. juv	AN, M. D.		VA HOSPI.	CAL, F	ORT HOWAR	D, M	ARYLAN	D
REMOVAL Specify) 5	DATE /10/69		HIL	. CEMETERY,	FRONT		IRG.		(State)
24. FUNERAL DIRECTOR		JOSEPH N. 2	ANN IN	ST. BAPTETM	ORE - N	R 1969. REGIS	PRICES!	GNAHURE	udge

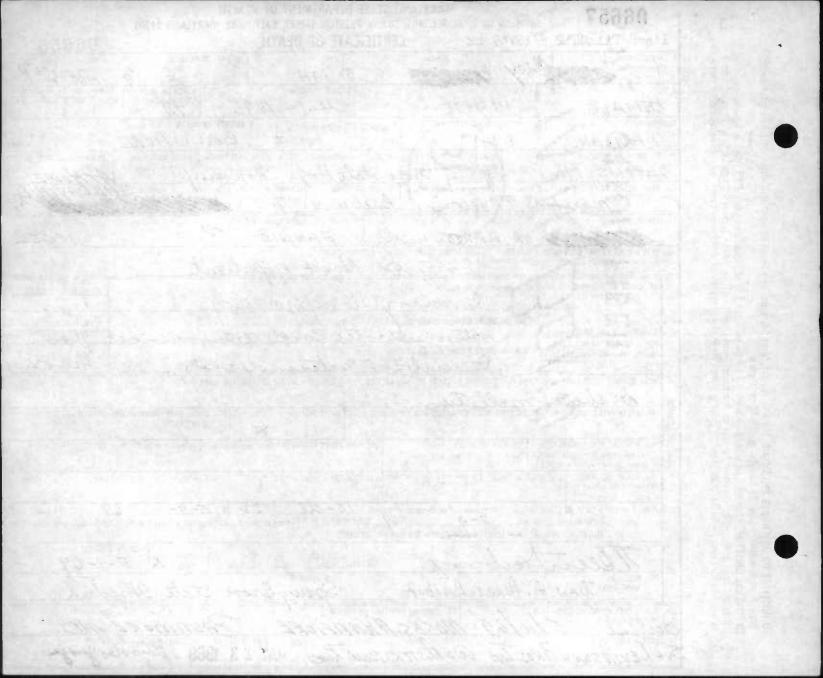
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the full functor, page 3 should be detached far use as the burial-transit permit. Then please remaye-carbon papers. Pages should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH 06657 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item8 FilmGh12 5/19/69 kk CERTIFICATE OF DEATH 06655 1. DECEASED-NAME Middle Lost 2n DATE OF DEATH 2b. HOUR 24 hours after death. er deoth. (Type or print) S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS lost birthdoy) FEMALE MONTHS HOURS WHITE 7o. BIRTHPLACE (Stote ar foreign popers / P 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED COUNTRY ARYLAND .= BALTIMORE WIDOWED [DIVORCED A ond completery filled IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR low requires that the death certificate be executed within give street address) Grov during most of working life, even if retired.) please remove carbap CATONSVILLE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before cremation, or removal, and in any event, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last AARON MICHAELSO FANNIE SIEGEL 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, ng. or unknown) (II yes give war or dates of service) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave) buriol-transit rise to immediate couse (a), p DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? for use (YES 🗍 NO PY O HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year -0 If either, natify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (b) (this hospital) attended the deceased from 10-28, 19.32, to 5-9-. 1969 , that (I) (we) lost 5-9 1969, and that in (my) (our) apinian death accurred an the date and haur and from the saw the deceased alive on.... causes stated above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 5-9-6 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Eity or Town) (Stote) REMOVAL (Specify) LIMORE 6010 REISTERSTOWN KOAD



.EVANS & SON 8802 Harford road

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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00000			CERTIFIC	AIL OF L	JEAIH			000.	00
I. DECEASED-NAME	First	Middle		Last		2a. DATE OF	DEATH		2b. HOUR
(Type ar print) .	JEAN	E.		SOMERS		MAY	Manth 14, Do	1969	4:30
3. SEX	4. RA	ACE		S. DATE OF BIR	ГН		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
FEMALE		WHITE		OCTOBER	25,	1920	last birthday) 40 YRS.		HOURS MIN.
a. BIRTHPLACE (State ar fare	ign 7b. CITI	ZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARR	IED 🗌	9. COUNTY OF	DEATH		
MARYL	AND	U.S.A.	WIDOWED [DIVORC	ED 🔲	BALTIM	ORE,		Mo
O. CITY OR TOWN OF DEATH TOWSON		11. NAME OF HOSPITAL OR I give street address) ST. JOSE					(Kind af wark dane life even if retired.)		BUSINESS OR
3a. USUAL RESIDENCE (Where	deceased lived	, if institution: Residence before	13c. CITY OR		3d. INSIDE CITY		REET AND NUMBER		
dmission) STATE MARYLAND	BA	CUNTYMORE			YES N	952	O RIDGELY	AVE. #	21234
4. FATHER'S NAME First		Middle Last	15	. MOTHER'S MAI	DEN NAME	First	Middle		Last
Struven	Evans			Dora	Tay1	or			
6a. WAS DECEASED EVER IN	U.S. ARMED FOR	of courses he		NFORMANT			Address		
Yes, na, ar unknawn)		218-16-	8587	Hos	ptta	i rece	ords		
		ause per line far (a), (b), and (c).)						ONSET AND DEATH
PART I. DEATH WA	IMMEDIATE CAUS	E (a) Massive In	tracere	bral He	morrh	age, ri	ght		
431.9		E TO, OR AS A CONSEQUENCE O		34 7 7	00	0 ,			
Canditians, if any, which		(b)							
rise ta immediate cau		E TO, OR AS A CONSEQUENCE O	F	100					
stating the underlying last.	cause	(c)							
PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
	,,,,,			,,,,,					
19a. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATION WAS I	PERFORMED	20a. AUTOP:	SY?	20b. If	YES, WERE FINDINGS	CONSIDERED IN (CERTIFYING
19a. DATE OF OPERATION 21a. ACCIDENT WAS UN				YES 🐷	NO [CAUSES	OF DEATH?		
21a. ACCIDENT WAS UN	DERLYING 2	1b. TIME OF INJURY	21c. HC	10.76			ry in Part 1 ar Part 2,	. Item 18.)	
	SE OF DEATH H	OUR A.M. Manth Day Yea	ir .		(,	
OR CONTRIBUTING CAL		P.M. OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	19 FACTORY,) 21f. LO	CATION Street	gr R.F.D. No	a. (itv	ar Tawn	County	State
While Nat while at wark]	OFFICE BUILDING, ETC.	7 2	CATION 311001	W. K.F.D. 111	u. c.,,	ur ruvii	caomy	
220 certify that	(1) (this has	sital) attended the decen	sed from M	av 13	196	9 to Me	v 14 10	9.69 tha	t (1) (wa) los
sow the dece	osed olive or	oital) attended the decea	1969 and	that in (my) (our) or	pinion deoth	occurred an the d	ote ond hour	ond from the
causes stoted	obove, (1) (v	ve) (did) (did not) view the	e bady ofter o	leoth.	, ,,				
22b. SIGNATURE	1110	· (", T		ATTENDING		ИГР		. DATE SIGNED	
lehur	Mille	umo, M. P	- DEGR	EE PHYS.	' D	MED. DIRECTOR	STAFF PHYS.	May 14,	1969
22d. PHYSICIAN'S				22e. ADDR					
NAME (Type) Ch	ristian	a Feliciano, l	M.D.	7620	York	Road	Baltimore	Mel	21204
3a. BURIAL, CREMATION,	23b. DATE	23c. NAME O	F CEMETERY OR				ON (City or Town)	(Caunty)	(State)
REMOVAL (Specify)	5/17/	69 Garde	ns of	Faith		Ba	to Co.	Md.	
4. FUNERAL DIRECTOR	10,11	ADDRE			2Sa REC'D.	BYREGISTRAP			400
C.F. EVANS	& SON	8802 Harfor	d read		DATE	1 9 19	00	0	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foneral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1V88

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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00000		CEKTIFIC	AIE OF DEATH			0000	9 6				
1. DECEASED-NAME First (Type ar print) CLIFTON	Middle BEALL STALEY		Last	20. DATE OF May		Y 196 ÿ ear	26. HOUR 270 p.				
3. SEX male	4. RACE caucasian		August 19,	1903	6. AGE (In years last birthday)	IF UNOER 1 YEAR MONTHS OAYS	IF UNDER 2 HR HOURS MI				
7a. BIRTHPLACE (Stote or foreign country) Maryland	76. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED			altimore						
10. CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL OR IN give street oddress) 603 Stone B	arn Roa	ad during m	nast of working	(Kind af wark dane life, even if retired.)	12b. KIND OF INDUSTRY_	BUSINESS OR				
13o. USUAL RESIDENCE (Where deceosed mission) STATMaryland	ed lived, if institution: Residence before 13b. COUNTY Baltimore	13c. CITY OR			TREET AND NUMBER 3 Stone Ba	rn Road					
14. FATHER'S NAME First Leonard	Middle Lost C. Staley	15	6. MOTHER'S MAIDEN NAME Hatt:		Middle	Bea1	Lost 1				
Yes, no or unknown) (If yes give w	AED FORCES? yar or dates of service) - 212-30-26		nformant s. Mary Gweno	dolyn S	Address taley, Sam		13				
Reference to the second	DUE TO, OR AS A CONSEQUENCE OF (c) IDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO		20b. I	F YES, WERE FINDINGS (CONSIDERED IN C	ERTIFYING				
190. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYIN 21a. ACCIDENT WAS UNDERLYIN (If either, notify medical exami	TH HOUR A.M. Month Day Year		YES NO COURRED (Enter		S OF DEATH? ury in Part 1 or Port 2,	Item 18.)					
21d. INJURY OCCURRED 21e. While Nat while at work	While Nat while (OFFICE BUILDING, ETC. /										
saw the deceased a	22a. I certify that (I) (this hospital) attended the deceased fram										
22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	Off Coffay JR.	Dub DEGR	ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOR H /	STAFF PHYS. D	DATE SIGNED					
	y 5, 1969 Dulane		ey Mem. Gard	S Coc	ION (City or Town) keysville,	(County) Maryla	(Stote) nd				
24. FUNERAL DIRECTOR Wm. Cook-Brooks	Towson, 1050 York	Road,	21204 PANAY	BY REGISTRAR 6 19	69 2Sb. REGISTRAR'S	SIGNATURE	ge.				

completely filled in by the funeral nove corbon popers. Pages I and 2 mile filed death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in director, page 3 should be detoched for use as the buriol-transit permit. Then please remove corban papers.

FOR STATE HEALTH DEPT. delay is 2, and 3 n/ 9 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State-Depar the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with falm necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages This certificate shauld be executed within 24 hours after death Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death. DICAL EXAMINER: TO DEPUTY

VR A15ME (3)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00000		MEDICAL	EXAMINER'S	CERTIFICATE	OF DEAT	TH	06658
1. DECEASED-NAME (Type or Print)	First Donn	a	Middle Lynn	lost STAUF	TER	2a. DATE KNOWN Mont OF ESTI- DEATH MATER 5	
3. SEX Female	4. RACE White	5. DATE OF BIRTH Feb. 9,	6. AGE (In year	IF UNDER 1 YEAR	IF UNDER 24 HR	DEVILLE MOVIED	2d. HOUR
7a. BIRTHPLACE (Stote country) Mar	or foreign 7b.	CITIZEN OF WHAT CO	OUNTRY? 8.	MARRIED NEVER MA	ARRIED 7.	COUNTY OF DEATH Baltimore	17) N
10. CITY OR TOWN OF Qvings	Mills	give street	of Hospital or Institut address od State	e Hospital	during ma	L OCCUPATION (Kind af work doningst af working life, even if retired.	
odmission) STATE	E (Where deceosed Maryland	lived, if institution: 136. COUNTY	Residence befare 13c. C	Baltimore	3d. INSIDE CITY LIMITS YES NO [1.7.00	Avenue
14. FATHER'S NAME	First Donald	Middle Elwood	Lost STAUFFE	R IS. MOTHER'S MA		irst Middle Iorma Elaine	JONES
16a. WAS DECEASED EV (Yes, nggos unknow	ER IN U.S. ARMED FOI		SOCIAL SECURITY NO.	17. INFORMANT Informant	: Rosew	ADDRESS Wood Records, Ow	
PART I. D 8/4/ Canditians, if o rise to immed	CATH WAS CALISED D	DUE TO, OR AS A	1 1 1 2	Fractus		ained in an ull-brain	APPROXIMATE INTERVAL SOUTH ONSET AND DEVH) Veralud South South South
190. DATE OF O	PERATION		CONDITION FOR WHICH	OPERATION 7	ractu	DITION GIVEN IN PART I(a)	20. AUTOPSY?
210. EXTERNAL (PRIMARY OF DEATH CAUSE OF DEATH 21d. INJURY OCC WHILE AT WORK AT WORK	R CONTRIBUTING H H CURRED 21e, PL/	HOUR A.M.	MY Manth, Day, Year 2ng 22 19 68 me, Marm, street,	21f. LOCATION Street	CCURRED (Enter of the Company of the	noture of injury in Part 1 or Part. g a Kancho City or Town Grant Balta.	
22a. I death re ACTUAL SIGNATURE — EXAMINER'S NAME (Type) 23a. BURIAL, CREMAI	certify that I tac sulted fram:	Natural causes (Caple CAF	LES 23c. NAME OF CEMET	, Suicide , CH	Homicide [IEF MEDICAL EXA SISTANT MEDICAL PUTY MEDICAL EX DRESS(Street, city	MINER 22b. DA EXAMINER 22b. DA (AMINER 24 y, town, ar county) 23d. LOCATION (City or Town)	
REMOVAL (Speci Burial 24. FUNERAL DIRECTO G. Howa	5-1 OR	2-1969 ng 3207	Evergreen ADDRESS W. North		rdens		Md.

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water all it was to want to the The Market Harrison Land and the second

C. Harged Dirong 3227 M. Roath Ave., - - - -

. but the state of the state of

10. CITY OR TOWN OF DEATH

Yes, no, or unknown)

ESSEX

DECEASED-NAME

(Type or print)

death.

and sempletely filled in by the funeral remaye carban papers, Pages I and

the attending physician of sit permit. Then please

burial, crematian, ar remaval,

of Health priar ta far use as the

shauld be detached State Dept.

with the

burial-transit

signed by

physician.

attending has been

OR ATTENDING PHYSICIAN: The

Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate

lease remave/carban papers, Pages I and in any event, within 72 hours after

law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL DECORDS 201 W DESTON STREET BALTIMORE MARVIAND 21201

DIVISION	OF VIIAL		CATE OF DEATH	more, mar	TEAND 21	201	0665	9
STAM	W.	Middle STEELE	Lost	20. DATE OF	DEATH Month	Doy	Yeor	2b. HOU 312 A
4. RACE	W		S. DATE OF BIRTH		6. AGE (In yellost birthdo		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H

"	111-1		-	-	die	4m	4	4
SEX	4. RACE							
M		W						
o. BIRTHPLACE (State or foreign ountry)	7b. CITIZEN	OF WHAT COUNT	TRY?				ARR	

13b. COUNTY

NEVER MARRIED DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)

Lost

217-18-0373

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

9. COUNTY OF DEATH

ETIRED 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? YES NOL 520

14. FATHER'S NAME Middle First TEELE

13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before

If yes give war or dates of service)

16b. SOCIAL SECURITY NO

13c. CITY OR TOWN

ESSE

MADDOCKS 17. INFORMANT STEELE

ABOVE

Middle

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a),

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

IS. MOTHER'S MAIDEN NAME First

APPROXIMATE INTERVAL

BETWEEN DNSET AND DEATH

12b, KIND OF BUSINESS OR

INDUSTRY

DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse

520

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20g. AUTOPSY? NO M YES 🗍

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION 21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY

21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. AT HOME, FARM, STREET, FACTORY,)

21f. LOCATION Street or R.F.D. No.

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

Stote

While Not while of work

22a. I certify that (I) (this hospital) attended the deceased from AFRIL 8, 1958, ta MAY 14, 1969, that (I) (we) last saw the deceased alive an MAY 14, 1967, and that in (my) (our) apinion death occurred on the date and hour and from the

City or Town

couses stoted obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE

DEGREE

ATTENDING 22e. ADDRESS MED. DIRECTOR

22c. DATE SIGNED

County

BURIAL, CREMATION, REMOVAL (Specify)

22d. PHYSICIANS NAME (Type)

23b. DATE

NAME OF CEMETERY OR CREMATORY CATHEORAL NEW

23d. LOCATION (City or Town)

(Stote) (County)

24. FUNERAL DIRECTOR

ADDRESS

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

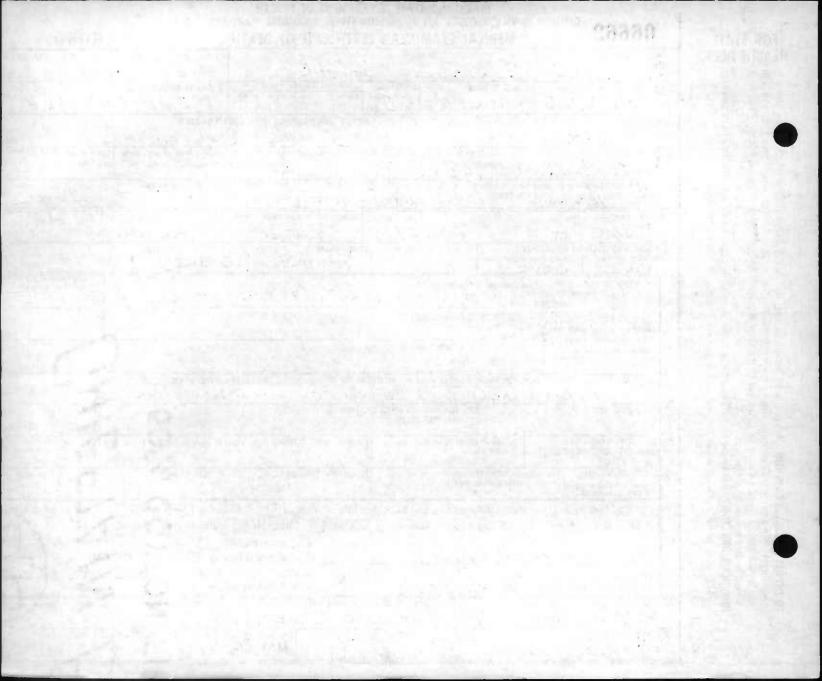
VR A1: 30M REV. 168

director, page 3 should be filed v

300

SIN MASHING SOFTER

The state of the s



DECE

(Type 3. SEX

7o. BIR1 country

10. CITY

13o. US admissio 14. FATI

> 16a. W. Yes.

MEDICAL CERTIFICATION

24. FUNERAL DIRECTOR

6663	C	DIVISION OF	VITAL RECORDS,	301 W.	PRESTON ST	REET, BALT		MARYLAND 2120	01	0.66	661
SED-NAME	First		Middle		Last		20. DA	TE OF DEATH			2 H HOHE
ar print)	Marie		Stella	1	Stoker			Manth 5	Day	Year 69	PM
		4. RACE			5. DATE OF B	BIRTH		6. AGE (In years		UNDER 1 YEAR	IF UNDER 24 HRS.
Femal	e	Wh	ite		9-1	2×25×24		last birthday)	YRS.	DAYS DAYS	HOURS MIN.
HPLACE (Stote	or foreign 71	b. CITIZEN OF WI	AT COUNTRY?	8. MARRII	ED NEVER MA		9. COUN	TY OF DEATH			
Baltin	ore Md.	U	SA	WIDOW		RCED 🔲		Baltimore			Md.
or town of d	DEATH	11. NA give s	ME OF HOSPITAL OR INStreet address) Joseph s					ATION (Kind of work or Irking life, even if retir 118		12b. KIND OF INDUSTRY	BUSINESS OR
JAL RESIDENCE on) STATE		lived, if instituti	an: Residence before	13c. CITY	or town	13d. INSIDE CITY LI	MITS?	3e. STREET AND NUMBER 1408 XXXXXXX	dene	Drive,	21212
HER'S NAME	First Emory	Middle	Lost Parso	n	1S. MOTHER'S M		ist ther	Mide		enig	Last
AS DECEASED EV no, ar unknawn NO	ER IN U.S. ARMED (If yes give war o		16b. SOCIAL SECURITY N 217-12-982		7. INFORMANT Mr. Claj	G. St	oker	Addre	(Sam	ne)	
	EATH (Enter only TH WAS CAUSED E IMMEDIATE	CAUSE (a)	Recurrent S A CONSEQUENCE OF	and	metast	atic re	nal	cell carci	inoma	BETWEEN O	MATE INTERVAL OMSET AND DEATH
nditians, if ony e to immedio oting the unde st.	re couse (o),	(b)	S A CONSEQUENCE OF								
	100		TING TO DEATH BUT NO		TO THE TERMINA			I GIVEN IN PART 1(0)	NCS CON	SIDEDED IN C	ED TIEVING

190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORN				MED	20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTI				
TOTAL SALES							YES 🗶	NO 🔲	CAUSES OF DEATH?			
210. ACCIDENT WAS UND	ERLYING	21b. TIME OF	INJURY			21c. HOW	INJURY OCCURRI	ED (Enter nat	ture of injury in Part 1 ar Part 2, Item 18.)			
OR CONTRIBUTING CAUSE	OF DEATH	HOUR A.M.	Month	Day	Year							
(If either natify medical	examiner)	P.M.			19							

21d. INJURY OCCURRED
While Nat while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town While at wark

ADDRESS

22a. I certify that (this hospital) attended the deceased from May 5, 19 69, ta Flay (, 17 07), that the deceased from t

causes sta	oted above, 🗱 (we) (did	(did not) view the bady	after deo	th.								
22b. SIGNATURE	10 .0	8/ 40		ATTENDING PHYS.		MED. DIRECTOR		STAFF		22c. DATE	SIGNED	
	/ must	Mul II	DEGREE	PHYS.		DIRECTOR		PHYS.	1		5-0-09	
22d. PHYSICIAN'S NAME (Type)	Samuel Lee, N	1.D.		22e. ADDRESS 7620	Yo	rk Ros	ad,	Tow	son,	Md.	21204	

		23c. NAME OF CEMETERY OR CREMATORY
BUT 14 Specify)	5/12/69.	Parkwood Cemeter

Leonard J. Ruck, Inc. Balto. Md. 21214

Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

1969

DAMAY

23d. LOCATION (City or Town)

(County)

County

State

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. af Health prior to burial, crematian, or remaval, and in any event, within 72 haurs

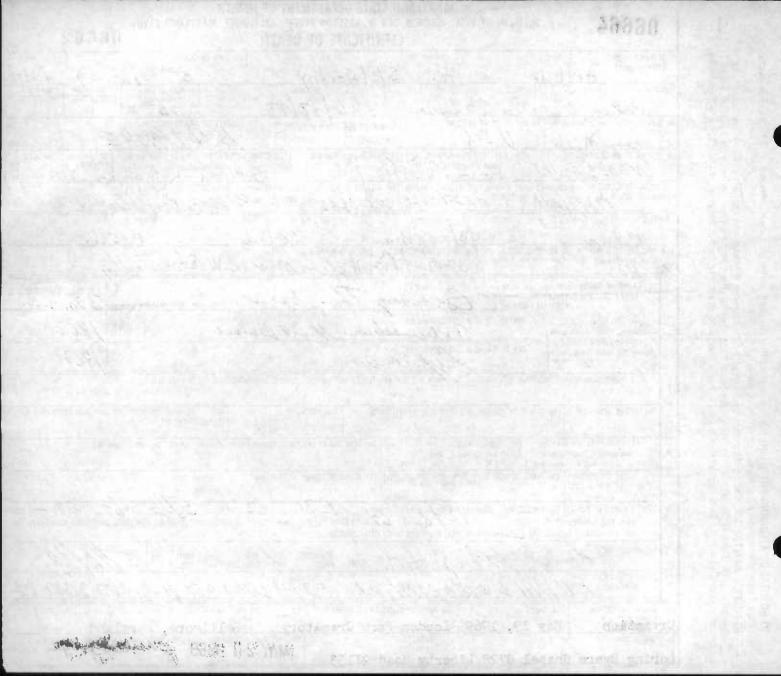
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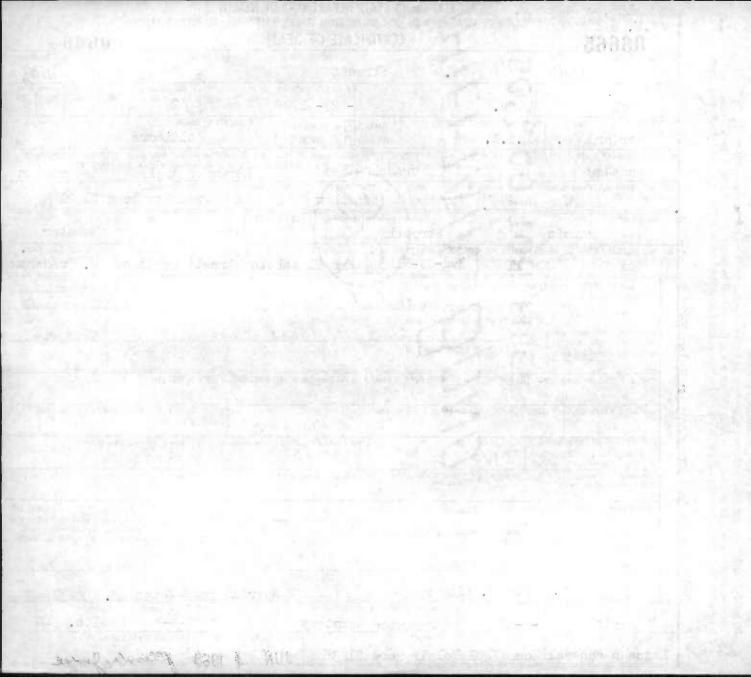
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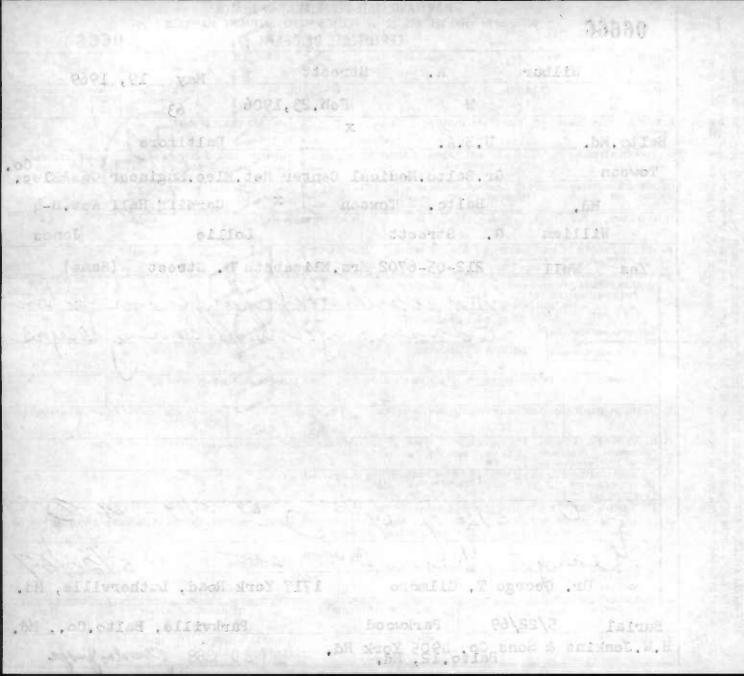
Contact to the contac ... A . col found 7520 York House, You son, Mrs. 22201

5/11/5. end of the control of





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06666 06664 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost the funeral ages 1 and 2 regatter death. 2a. DATE OF DEATH 2b. HOUR (Type or print) Wilbur Month Streett A. 3. SEX 4. RACE S. DATE DE BIRTH 6. AGE (In years lost birthdoy) Feb.23,1906 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗌 Bal to Md. U.S.A. WIDOWED [7] DIVORCED | Baltimore 12b. KIND OF BUSINESS CO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane give street address) during most of working life, even if retired.) INDUSTRY CGr. Balto. Medical Center Ret. Elec. Engineer Gas&Elec Towson 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before executed 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? 13b. COUNTY Balto admission) STATE YES DE NO T Cardiff Hall Apt.B-4 Towson and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost William G. Streett Lollie the death certificate be Jones please physician 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 212-05-6702 Mrs. Elizabath D. Street (Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A GONSEQUENCE OF Conditions, if any, which gave) burial-transit that rise to immediate cause (a), P stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OS CAUSES OF DEATH? YES [NO S O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HDW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 4/3 19 6 4 and that in (ny) (our) apinian death accurred an the date and have and from the saw the deceased alive an 5 1/6 causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS. DIRECTOR NAME (Type) Dr. Gilmore George York Road. Lutherville. directar, shauld b 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) Parkwood Parkville, Balto.Co., Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE & Sons ork Rd. VR A15 (4) 45M - 1/69 ocharles Inder



MARYLAND STATE DEPARTMENT OF HEALTH 201 W PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS.

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				CENTILIC	MIL VI	DEATH			U	000	
1. DECEASED-NAME (Type or print)	First		Middle		Lost		2o. DATE OF	DEATH Month	Day	Vone	2b. HOUR
(Type of pillit)	Joh	n		Str	umsky			5	Doy 7	196	9.1:15p
. SEX		4. RACE			S. DATE OF BI	RTH		6. AGE (In years last birthday)	IF UI	NDER 1 YEAR	IF UNDER 24 HRS.
Male		Whit	е		6/17	/85			YRS. 1.C		THOOKS MINE
a. BIRTHPLACE (State ountry)	or foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MAR	RIED	9. COUNTY OF	DEATH			
Balt	imore	United	States	WIDOWED	DIVOR	CED 🔲	Balt	imore Co	ounty		M
o. city or town of Towson	DEATH	give str	E OF HOSPITAL OR IN eet oddress) tella Mai	stitution (If no		during me		(Kind af wark d life, even if retire		26. KIND OF NDUSTRY	BUSINESS OR
30. USUAL RESIDENCE	(Where deceas	ed lived, if institution	n: Residence before	13c. CITY OR		13d. INSIDE CITY LI	IMITS? 13e. STR	REET AND NUMBER			
dmission) STATE	Md.	13b. COUNTY	1,100000	Balt	imore	YES NO	2	900 Sout	thern	Ave	•
4. FATHER'S NAME	First rank	Middle	Strumsk		MOTHER'S MA	AIDEN NAME F	irst nnetta	Midd	e	Cab	lost ella
Yes, no, or unknow		AED FORCES? var or dates of service)	6b. SOCIAL SECURITY		FORMANT Stel	la Mar	is Hosp	ice To		Md.	21204
	oy, which gave ote couse (a), derlying couse SIGNIFICANT COI	DUE TO, OR AS (b) DUE TO, OR AS (c) NOTIONS CONTRIBUTION		OT RELATED TO	THE TERMINA	L DISEASE OR C	CONDITION GIVEN				
190. DATE OF OPE	RATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20o. AUTO		CALICES	YES, WERE FINDING OF DEATH?	IGS CONSIL	DERED IN (CERTIFYING
210. ACCIDENT	G CAUSE OF DEAT	HOUR A.M. P.M.	Manth Day Year	9				y in Part 1 or Po	rt 2, Item	18.)	
While Nat v	vark	PLACE OF INJURY (or Tawn		unty	Stote
220. I certify sow the couses	y that (I) (the e deceased a stated above	is hospitol) otten live on e, (I) (we) (did) (c	ided the deceos lid not) view the	ed from 19, ond body ofter d	July thot in (m eoth.	, 19 y) (our) opi	68 , to M inion deoth o	occurred on th	, 19_69 e dote o	, tho nd hour	t (I) (we) los ond from th
22b. SIGNATURE	2	Land	·~-	DEGR	ATTENDIN PHYS.	IG 🗗 🖔	MED.	STAFF PHYS.	22c. DATE 5/7	SIGNED 69	
22d. PHYSICIAN' NAME (Type	E.Lee	R Robbins	M.D.		22e. ADD		ingbird	l Lane	212 6 l	1	
230. BURIAL, CREMAT REMOVAL (Specif Buria	V)	DATE -9-69		cemetery or ood Cer			Taylo	N (City or Town) or Ave.	Ba1		re Md.
24. FUNERAL DIRECTO)R	ard 4107	ADDRESS Wilkens A		229	2Sa. REC'D B	registrar 1 2 198	25b. REGIST	RAR'S SIGN	ATURE	42

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be exekuted within 24 haurs aftered Page 4 may be retained by the haspital ar attending physician. VR A15 4

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MARYLAND STATE DEPARTMENT OF HEALTH

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VISION OF VIT	AL RECORDS, 301	W. PRESTON S	STREET, BALTIMORE	, MARYLAND	2120

00000	3		C	ERTIFICA	ATE OF	DEATH				066	666
1. DECEASED-NAME	First		Middle		Last		2a. DATI	OF DEATH		45	525 HOUR
(Type or print)	Oris		0.	S	tutler	7		Ma v		69 Yeor	a. M
B. SEX		4. RACE			S. DATE OF E			6. AGE	(In years	IF UNOER 1 YEAR	IF UNDER 24 HRS.
Male		Whi	te		7/2	9/85		lost b	ithdoy) YRS.	MONTHS OAYS	HOURS MIN.
70. BIRTHPLACE (Stote	or foreign 78	. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY	OF DEATH			
West Vi	rginia	U.S.	A.	WIDOWED 1	DIVO	RCED	Ba	altimo	re Cou	nty	Md
O. CITY OR TOWN OF	DEATH		AME OF HOSPITAL OR INST					ION (Kind of			F BUSINESS OR
Catonsvi	lle	95	street address Grove	State	Hosp	Eng mo	inee	cing life, eve	n if retired.)	INDUSTRY Be	endix
30. USUAL RESIDENCE	(Where deceosed	lived, if institut	ion: Residence befare	13c. CITY OR	TOWN	13d INSIDE CITY LI		STREET AND			
admission) STATE M	aryland	13b. COUNTY	Ltimore	Tows	n	YES NO		214	Willow	Avenu	9
14. FATHER'S NAME	First	Middle	Last			IAIDEN NAME F	irst		Middle		Last
	Louis		Stutle	r	Abi	gail				St	utler
16a. WAS DECEASED EV			16b. SOCIAL SECURITY NO). 17. IN	FDRMANT				Address		
Yes, no, or unknown	190	or dates of service)	235-36-14	55-A	Reco	rdsSr	ring	Grove	State		
18. CAUSE OF D	EATH (Enter anly	ane cause per li	ne far (a), (b), and (c).)	1.	1	7/1)		LUIA		XIMATE INTERVAL ONSET AND DEATH
PART 1. DEA	TH WAS CAUSED B IMMEDIATE	(AUSE (a)	morred	de	MAC	noten	and	d urem	ia		
4124	1	1.	AS A.CONSEQUENCE OF	,	//	,					
Canditions, if on		(b)	Connic.	Brave	Mu	mos	mal				
rise to immedia		1-1	AS A CONSEQUENCE OF	0	. 6	10					
lost.)	(c)	advalle	d	ASC	UD_			0.500		
PART 2. OTHER S	GIGNIFICANT CONDI	TIONS CONTRIBU	TING TO DEATH BUT NO	RELATED TO	THE TERMIN	AL DISEASE ORC	ONDITION	GIVEN IN PAR	T 1(a)		
z											
19a. DATE OF OPE	RATION 19b. CO	NDITION FOR WH	ICH OPERATION WAS PERI	ORMED	20o. AUT	OPSY?				ONSIDERED IN	CERTIFYING
DIBILI					YES [NO 📑	K CA	USES OF DEA	TH?		
		21b. TIME O		21c. HO	W INJURY O	CURRED (Enter	noture of	injury in Por	t 1 or Port 2,	Item 18.)	
OR CONTRIBUTING	CAUSE OF OEATH medical examiner	HOUR A.M. P.M.	Manth Day Year								
₹ 21d. INJURY OCC While Nat w at wark at w	URRED 21e. PL		AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f. LO	CATION Stre	et ar R.F.D. No.		City ar Town		Caunty	State
22a. I certify	that XI) (this	hospital) att	ended_the deceosed		9/6/6		, ta_	May	15 , 19	69_, the	ot (4) (we) las
sow the	deceased oliv	e on Ma	y 15 19	09, and	that in Ki	XX (aur) opi	nion deo	th occurre	d on the do	te and hou	r and from the
couses s	tated obove,) (we) (did)	(ACX Kot) view the b	ody ofter d	eath.						

DEGREE

ATTENDING PHYS. MED. DIRECTOR STAFF PHYS.

22c. DATE SIGNED

PHYSICIAN'S NAME (Type) 22d.

22e. ADDRESS

Grove State Spring Hospita] 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) Ibst

(County) (Stote)

22b. SIGNATURE

230. BURIAL, CREMATION, REMOVAL (Specify) Burial May 17, 69 Sun Set Memori.
24. FUNERAL DIRECTOR ADDRESS
Loring Byers 8728 Libert Rd. Randallstown Sun Set Memorial

2Sa. REC'D BY REGISTRAR 1969

Creek West Va.

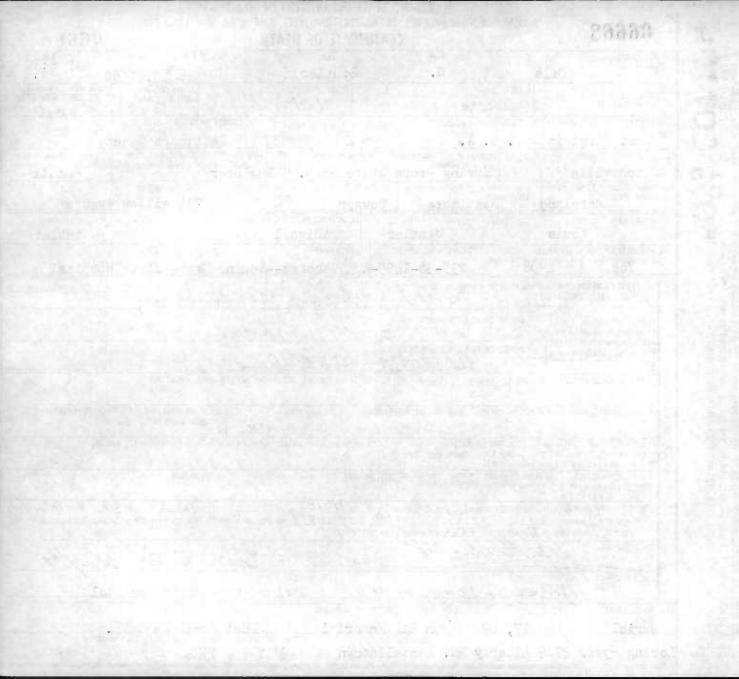
IRAR 25b. REGISTRAR S SIGNATURE ychomes Judge

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06668

				CEKTIFI	LAIE UF DEA	ın			
	ECEASED-NAME First		Middle		Last	2a. DATE	OF DEATH	V	2b. HOUR]
(Type or print) Vir	ginia	M.	Tel	nnent		Month 31	1969	2:10
3. S		4. RACE	1000	7	S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
	female	whi			3-23-1		last pirthday) YRS.	MONIIIS DATS	HOURS HAIR
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY			
	Maryland		J.S.A.	WIDOWED			Baltimore C		N
	CITY OR TOWN OF DEATH Towson	give	NAME OF HOSPITAL OR IN e street address) St. Josep	h Hos	oital duri	ng mast af warki home n		12b. KIND OF E	JUSINESS OR
3a. odm	. USUAL RESIDENCE (Where decear nission) STATE Marylan	12h COHNTY	ution: Residence before	13c. CITY 0	VIT 0		STREET AND NUMBER 2211 East	ern Ave	
14.	FATHER'S NAME First	Middle	Lost		S. MOTHER'S MAIDEN NA	AME First	Middle		Last
	Henry	D.	Vol	z		Helen		i i	lding
160	Vac no experience Life yes give	WED FORCES? war or dates of service)	16b. SOCIAL SECURITY		INFORMANT		Address	22200)
	Yes, no, or unknown) (If yes give t		216-12-3	748	Mr. Vecil	C. Tenn	ant 2211 Eas	torn A	re.
	Canditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost.	(b) DUE TO, OR (c)	AS A CONSEQUENCE OF	Ca	rcinoma of		BUTH IN DART 1(-)		
NO	PART 2. OTHER SIGNIFICANT CO				TO THE TERMINAL DISEAS				
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR W	HICH OPERATION WAS P			NO CAU	. IF YES, WERE FINDINGS (I ISES OF DEATH?		RTIFYING
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M	. Manth Doy Year	9			njury in Part 1 ar Part 2, I		
×	While Not while				OCATION Street or R.F		ity or Tawn	County	Stote
	220. I certify that (I) (the saw the deceased causes stoted obove	iis haspital) at ilive an e,(l) (we)(did	ttended the deceos 5-31-6 (did not) view the	ed from 19, ar body after	nd that in (my) (au death.	19, to_ r) apinion deot	h occurred on the do	ote ond hour	(I) (we) lo and from th
	22b. SIGNATURE	a The	ell, Je.	m Does		MED. DIRECTOR	STAFF PHYS. 22c. I	DATE SIGNED	69
,	PHYSICIAN NAME (Type) Jos	eph A. F	(nell, Jr.	M.D.	22e. ADDRESS 1001	St. Paul		o Md. 2	1202
	REMOVAL (Specify)	DATE 1-2-1969	23c. NAME OF		R CREMATORY	Ra	ATION (City or Town) ltimore.	(Caunty)	(State) Md.
24.	FUNERAL DIRECTOR		ADDRES:	5					
	Lassahn Funera	I Home	401 belair	Road	21236 DATE	JN 4 19	69 Thing	Can Quedo	10.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban pagers. Pages 1 and 2 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death corrificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

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O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and rempletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye rarban papers. Pages 1 and 2

director, page 3 should be detached far use as the burial-transit permit. Then please kemave carban papers. P should be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hau

after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06669

	ECEASED-NAME Type or print)	First STANLEY	Middle Dean	THA	Lost WLEY	20. DATE OF DEAT	TH Month 10gy	Y896	26. HOUR
3. SE	MALE		TTE	S	2/20/94		AGE (In yeors	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS.
COUP	BIRTHPLACE (Stote or Waryland	U.S	.A.	WIDOWED [9. COUNTY OF DEA BALTIM	ORE		Md
F	ORT HOWAR	D di		PITAL	during	ACH TRITST'e,	even if retired.)	126. KIND O	F BUSINESS OR sh Mfg
odmi	ission) STATEMAR	here deceosed lived, if inst YLAND 136. COUNT	NNE ARUNDEL	GLEN		imits?	AND NUMBER R	leute 1	
		CHARLES Middle	THAWLEY			irst RRIE	Middle E •	SM:	Lost TTH
	was deceased ever es, no, or unknown)	IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY NO 217 03 2 8		ORMANT LIN.RECORDS	, VAH FT I	Address HOWARD, N		
	1B. CAUSE OF DEAT PART I. DEATH	H (Enter only one couse per WAS CAUSED BY: IMMEDIATE CAUSE (ο)	r line for (o), (b), ond (c).) RETROPERTTON	EAL HE	MORRHAGE MAS	SSIVE			XIMATE INTERVAL ONSET AND DEATH
	Conditions, if ony, we rise to immediate a stoting the underly lost.	which gove)	R AS A CONSEQUENCE OF RUPTURE ANEW. R AS A CONSEQUENCE OF	RYSM A	BDOMINAL AOR	RTA			
_		IFICANT CONDITIONS CONTR		RELATED TO 1	HE TERMINAL DISEASE OR C	ONDITION GIVEN IN I	PART 1(o)		
CERTIFICATION	190. DATE OF OPERATI		WHICH OPERATION WAS PERF	ORMED	20a. AUTOPSY? YEST NO	CALISES OF I	WERE FINDINGS CO	NSIDERED IN (CERTIFYING
MEDICAL CE	21o. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF OEATH dicol exominer) HOUR A.I	VI. 19		/ INJURY OCCURRED (Enter		Port 1 or Port 2, Ite	em 18.)	
	21d. INJURY OCCURR While Not while of work of work		Y (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, FTC.					County	Stote
	22a. I certify th saw the de causes stat	at (1) (this haspital) acceased alive an ed abave, (1) (we) (di	ttended the deceased 19. (did not) view the bo	from, and independent	that in (MY (aur) api ath.	nian death accur	red on the date	, tha e and haur	t (f) (we) last and from the
	22b. SIGNATURE	10 Dans	est mi	DEGREE	PHYS. LJ D	NED. STA	15.	ATE SIGNED /	69
	22d. PHYSICIAN'S NAME (Type)	JOHN D. TAL	BERT, M. D.	i de la	22e. ADDRESSH FO	RT HOWARD	, MARYLA	ND	
BU	BURIAL, CREMATION,	23b. DATE 5/20/0		DRE NAT	PIONAL		E, MARYL		(Stote)
24.	FUNERAL DIRECTOR		237 MC CULLI	FUNE O AVE	RAL HOWE RECOR	PRESMISSES	25b. PEGISTRAR'S S	Can June	ye :

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urs after death.

Page 4 may be retained by the hospitol or athenating physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers, Pages 1 and 2 director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours effect death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2.

Page 4 moy be retained by the hospitol or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

/ISION	OF	VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	M
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06672	DIVISION OF	VITAL RECORDS,		RESTON STREET,		NORE, MA	RYLAND 21201	000	7.0
1. DECEASED-NAME First (Type or print) Car		Middle	T	Lost h oma s		2a. DATE O	May 12, 1	0667	26 HOUR -
3. SEX female	4. RACE	egro		S. DATE OF BIRTY	3 19	05	6. AGE (In years last bettery)		AR IF UNDER 24 HRS. AYS HOURS MIN.
7o. BIRTHPLACE (State or foreign country) Virginia	76. CITIZEN OF WE		B. MARRIED WIDOWED	NEVER MARRIED DIVORCED		Balt	i more		Md
10. CITY OR TOWN OF DEATH Catonsville	give s SPF	ME OF HOSPITAL OR INSTRUCTION TO THE CONTROL OF THE		dı			l (Kind of work don Life, even if retired		OF BUSINESS OR
13a. USUAL RESIDENCE (Where decea admission) STATE $\mathbb{M}_{\mathbf{d}}$.	sed lived, if instituti 13b. COUNTY	an: Residence befare	13c CITY OR Balt	NEC F	DE CITY LIMI		REET AND NUMBER 2 Hagle S	treet	
14. FATHER'S NAME First Nelson He		Lost		. MOTHER'S MAIDEN Bertha			Middle		Last
16a. WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) (If yes give	MED FORCES? war or dates of service)	214-20-4		NFORMANT ecords: S	PRIN	GROV	E STATE H		L ROXIMATE INTERVAL
Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	(b)	S A CONSEQUENCE OF S A CONSEQUENCE OF TING TO DEATH BUT N	OT RELATED TO) THE TERMINAL DISEA	ASE OR CO	NDITION GIVE	N IN PART 1(a)		
19a. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	NO 🔲		F YES, WERE FINDINGS S OF DEATH?	S CONSIDERED I	N CERTIFYING
OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. ner) P.M.	Month Day Year	9	OW INJURY OCCURRED			ry in Part 1 ar Port :	2, Item 18.)	State
at wark at wark 22a. I certify that (F) (the saw the deceased of causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Anti-	is haspital) atterilive an live an live an live an live an live an live and	(did nat) view the	ed fram_ 9 69, and bady after o	March 4 d that in (My) (and leath. ATTENDING EE PHYS. [22e. ADDRESS S	, 19 6 Jr) apini MEI DIR PRIN	2, ta_ran death continue to the continue to t	STAFF STATE Maryland	9 69 , the date and had the control of the signed 5-12-69 HOSPI 21228	nat (X) (we) last ur and fram the
230. BURIAL, (REMATION, REMOVAL (Specify)	DATE /16/6	9 Bay		rational		23d. LOCATION DEGISTRAD	ON (City or Tawn)	(Caunty)	ma.

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0:000 a per equity in the country of the country former system to a my secure its comments to cast the second of the second training to the second training DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06671

	() () () ()					CEKIIFI	CAIL OF	DEALL							
	DECEASED-NAME	First	19.2		Middle		Last		20. DA	TE OF DEAT	TH .			2b.	HOUR
	(Type or print)	WILL	CAM		C.		THOMAS		M	AY	Months,	196	59 Yeor	10:30	0 p
3. 9	SEX		4. RACE				S. DATE OF B	IRTH		6. 1	AGE (In years	3	IF UNDER 1 YEAR	IF UNDER	24 HRS.
	MALE			NEGRO)		5/2	25/16		lo	st birthday)	YRS. M	AONTHS DAY	YS HOURS	MIN.
70.	BIRTHPLACE (Stote (or foreign	7b. CITIZEN	OF WHAT CO	OUNTRY?	8. MARRIED	NEVER MAI		9. COUNT	Y OF DEA	TH	1 1			
N	ORTH CARO	DLINA	A	.S.A.		WIDOWED		RCED 🗌		BALI	IMORE				M
1D.	CITY OR TOWN OF D	DEATH			HOSPITAL OR IN	STITUTION (If	nat in hospital				d of wark d		12b. KIND (OF BUSINESS	OR
	FORT HO	WARD	,	give street of	RANS ADM	MIN. H	OSPITAI	during	FARME	R life,	even if retir	ed.)	AGRIC	CULTU	RE
13a	. USUAL RESIDENCE	(Where deceo	ed lived, if i		esidence befare	13c. CITY O	R TOWN	13d. INSIDE CITY	10	3e. STREET	AND NUMBE	R			
	mission) STATE MARYLANT)	30. 000	NII		BALT	IMORE	YES N	NO [916 W	TIMOT	COL	JRT		
14.	FATHER'S NAME	First	Mic	ddle	Last		IS. MOTHER'S M	AIDEN NAME	First		Midd	le		Last	
		ŒVIN	_	-	THOMA			L	AURA		-	-	Mo	cCLOU	D
160	a. WAS DECEASED EVI Yes, no. or unknown)	ER IN U.S. AR/	MED FORCES? var or dates of serv	/myn	SOCIAL SECURITY I		INFORMANT				Addre				
	Yes, no. or unknown) YES		WII		+0 20 63		LINICAL	RECO	RDS,	VAH,	FT. H	OWAI			
	18. CAUSE OF DE	ATH (Enter or	ly ane couse	per line far	(a), (b), and (c).)							BETWEEN	OXIMATE INTERV N ONSET AND C	VAL DEATH
	PARI I. Utal	H WAS CAUSE	V BT: ATE CAUSE (a)	HE	ART FAI	LURE									
	5190	2	DUE TO	, OR AS A C	ONSEQUENCE OF										
	Conditions, if any			C	HRONIC	OBSTRU	CTIVE :	EUNG D	ISEAS	E					
	nise to immediat		DUE TO	, OR AS A C	ONSEQUENCE OF										
	last.)	(0	:)(:											
	PART 2. OTHER SI	GNIFICANT CO	IDITIONS CON	TRIBUTING 1	O DEATH BUT NO	OT RELATED	TO THE TERMINA	L DISEASE OR	CONDITION	GIVEN IN	PART I(a)				
NO															
CERTIFICATION	19a. DATE OF OPER	ATION 19b.	CONDITION FO	OR WHICH OP	ERATION WAS PE	RFORMED	2Da. AUTO	PSY?	21	Db. IF YES,	WERE FINDIN	NGS CON	SIDERED IN	CERTIFYING	3
RTIF							YES [NO			AUTO				
	21a. ACCIDENT W			IME OF INJUI	RY oth Day Year	21c. l	HOW INJURY OC	CURRED (Ent	er nature of	f injury in	Part 1 ar Pa	irt 2, Ite	m 18.)		
MEDICAL	(If either, natify n	nedical exami	ner)	P.M.	19										
M	21d. INJURY OCCU While Nat what wark at work	ile	PLACE OF IN.	JURY (AT HO	ME, FARM, STREET, FAC BUILDING, ETC.	TORY.) 21f. I	OCATION Street	et or R.F.D. N	0.	City or To	iwn		County	5	tate
	22a. I certify	thot (th	is hospital) ottended	the deceose	d from_	MAY	4 , 196	69 , to	MAY	18	, 19_6	9 , the	ot (#) (w	e) los
	sow the	deceosed a	live an	MAY	18_1	9_69, ar	nd that in to	xx (our) op	pinian de	oth accui	red an th	e date	and hav	r and fro	m th
	22b. SIGNATURE	orea obave	XIX (We)	(ala) (sasci	cot) view the	body after	deoth.					22 21	TE CLANED		
	220. SIGNATURE	6,1	la	was		010	REE PHYS		MED.	C STA	FF (=)		TE SIGNED		
	22d. PHYSICIAN'S		1			DEG	PHYS.		DIRECTOR	L PH	YS. Z	_5/	19/69		
	NAME (Type)	PETE	RV.	UVAN,	M. D.			FT.	HOWAI	RD, M	D.				
23a	BURIAL, CREMATION			10	23c. NAME OF				23d. LO	CATION (Ci	ty or Town)		(County)	(Stote)
	BURVILAS Pecify)	15-	73-	69		ORE N	ATIONAL				'IMORE				
24.	FUNERAL DIRECTOR	.1/1	•	Tal	TISON F	IINERAT	HOME	2Sa. REC'D	BY REGISTR	AR :	25b. REGISTI	RAR'S SI	GNATURE		
2	prony 0	Will	ren		001 0rl			DAVIALA	X-20	196	1 10	(4)	KAN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon popers. P event, within 72 hou director, page 3 shauld be detached for use as the buriol-transit permit. Then please remosphould be filed with the State Dept. of Health priar to buriol, cremotion, or removol, and Thrang

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Teron L. C.

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30M REV. 768

25o. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTI	FICATE	OF DEATH	

06673

1. DECEASED-NAME First (Type ar print) HARV		Lost TOWNSEND	20. DATE OF DEATH Manth 5 Doy	2b. HOURA 19 Year 692:55 M
3. SEX - MALE	4. RACE Caucasian	5. DATE OF BIRTH November 25,		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
7o. BIRTHPLACE (Stote or foreign country) Maine	75. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED DIVORCED	9. COUNTY OF DEATH BALTIMORE	Md
10. CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL OR IN: give street oddress) GREATER BA	LTO.MED.CNR during mo		12b. KIND OF BUSINESS OR INDUSTRY
odmission) STATE Maryland	sed lived, if institution: Residence before 13b. COUNTY Baltimore	Riderwood 13d. INSIDE CITY UN	13e. STREET AND NUMBER 7924 Springway	Road
14. FATHER'S NAME First Willis S	Middle Last Townsend	IS. MOTHER'S MAIDEN NAME FI		lost
16a. WAS DECEASED EVER IN U.S. AR/ Yes, no, or unknown) (If yes give v Yes	MED FORCES? Wor or dates of service) W. One 16b. SOCIAL SECURITY 343=01-19		Address ie Townsend, Same	
DADT I DEATH MAC CALICE	nly ane cause per line for (a), (b), and (c). D BY: ATE CAUSE (a) MYOCARDIA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	THE PANCRIATIC	BODY	MONTHS
190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE		ONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSCAUSES OF DEATH?	SIDERED IN CERTIFYING
OR CONTRIBUTING CAUSE OF DEA.	NG 21b. TIME OF INJURY TH HOUR A.M. Month Day Year iner) P.M. 19	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Item	n 18.)
While Nat while at work		21f. LOCATION Street ar R.F.D. Na.		County State
saw the deceased a couses stated abav	nis haspitor) affended the decease live an 5/19 1 e, (I) (we) (did) (did not) view the	ed from 4/11, 1969 9_69 and that in (my) (aur) apir body after death.	ian death accurred on the date	9, that (I) (we) last and have and from the
22b. SIGNATURE	fmits M.		D CTAFF	E SIGNED 5/19 69
	RD L. SMITH, M.		HARLES ST., BAL	TO.21204
BREMOVAL (Specify) 5-	22-1969 Claren	CEMETERY OR CREMATORY don Hills Cemetery	Downers Grove, I	(County) (State) 11inois
Wm. Cook-Brooks	Towson, 1050 York Towson, M	Road 21204DARE	2 0 1969 25b. Declitrar's sign	NATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers, Poges 1 and 2 should be filed with the State Dept. af Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A15 (4

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

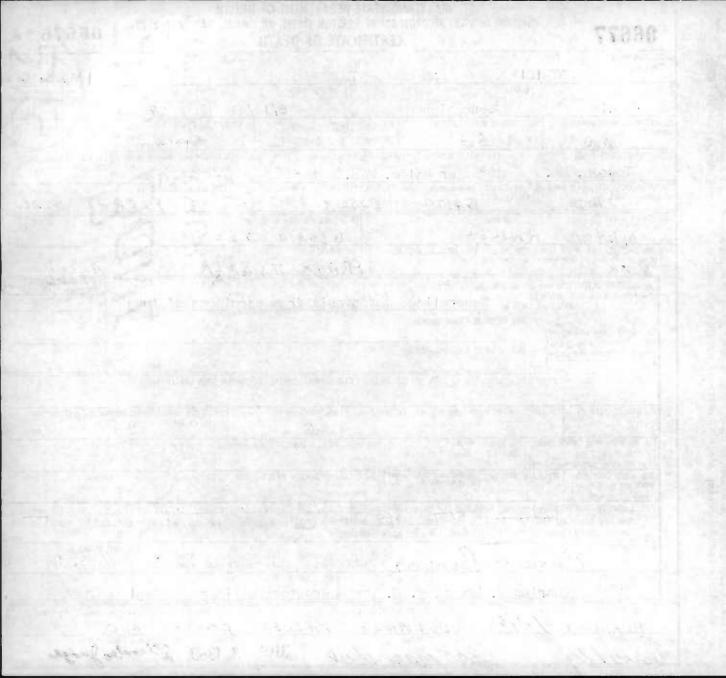
06674

				EKIIFI	AIL OF	DEATH				000	14
1. DECEASED-NAME (Type or print)	First		Middle		Last		2a. DATE O				2b. HOUR
(Type of pitti)	Wilme:	r	C	T	racey		May	Month	1 ⁰ 9	69"	9130
3. SEX		4. RACE			S. DATE OF	BIRTH		6. AGE (In ye	ors _	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male		Whit	ce ce		Dec.	22, 18	93	last birthday	YPS.	MONTHS DAYS	HOURS MIN.
o. BIRTHPLACE (St	ote or fareign	7b. CITIZEN OF WI	IAT COUNTRY?	8. MARRIED	NEVER MA		9. COUNTY O	DEATH			
country) Mary	land	U.S.	Α.	WIDOWED	DIV	ORCED 🗌	Ba	1timore	3		M
o. city or town Parkvi	OF DEATH	11. NA	ME OF HOSPITAL OR INS treet address) 208 Taylor	A ve	nat in hospital	12a. USU during n	lat occupation	Kind of wark	dane	12b. KIND OF INDUSTRY	F BUSINESS OR
13o. USUAL RESIDE	NCE (Where decease	مرملم سال الألب المسريلة المس	an Desidence Left		TOWN	13d. INSIDE CITY		REET AND NUM			
admission) STATE	arvland	13b. COUNTY	altimore	Park	ville	YES N	0 29	08 Tay	or A	lve	
14. FATHER'S NAME	The same of the sa	Middle	Lost	1		MAIDEN NAME			iddle		Last
	Alfred		Tracey			Nan				Coope	
	D EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURITY I	10. 117.	INFORMANT	MCTIT	0,9	Ada	dress	oope	7.4
Yes, na, ar unkn	awn) (If yes give v	var or dates of service)	213-05-18			miatta	C Trac		San	70	
	F DEATH (France)	l			n.s. mer	II.Te rica	U II ac	-G-V	Dan		IMATE INTERVAL
PART 1.	DEATH WAS CAUSE	D BY:	ne for (a), (b), ond (c).	F	2	0 0					ONSET AND DEATH
1/21	IMMEDIA	ATE CAUSE (a)		- 1	nonc	nozine	unen	A		20	cayo
Conditions I	any, which gave)		S A CONSEQUENCE OF	- 1	0 0	A-	0				
rise ta imme	diote cause (a),	(b)		rent	ral e	ulen.	caclera	ard .		4.	yours
stating the t	underlying cause	DUE TO, OR A	S A CONSEQUENCE OF							1	
_	ED SIGNIFICANT COL	(c)	TING TO DEATH BUT NO	OT DELATED T	O THE TERMIN	IN DISCUSS OR	COMPUTION ON	THE PART OF A			
PART 2. OTH	ER SIGNIFICANT COL	IDITIONS CONTRIBU	INO TO DEATH BUT NO	JI KELATED I	O THE TERMIN	AL DISEASE OK	CONDITION GIVE	N IN PART I(0)			
19a, DATE OF	OPERATION 110h	CONDITION FOR WHI	CH OPERATION WAS PE	DEODMED	20o. AUT	ODCV2	705 1	T VEC MEDE FIN	DINCE CO	HEIDEDED IN (CERTIFYING
RTIFICA					YES	NO D	CAUSE	F YES, WERE FIN S OF DEATH?			EKTIFYING
	T WAS UNDERLYIN	E I O. I IIIIE OI	INJURY Month Doy Yeor	21c. H	OW INJURY OF	CCURRED (Ente	er nature of inju	iry in Part 1 or	Port 2, lte	em 18.)	
(If either, not	ify medical exami	ner) P.M.	19								
While No	OCCURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LO	OCATION Stre	eet or R.F.D. No	o. City	or Tawn		County	State
22a. I cert	tify that (I) (th	is haspital) atte	nded the decease	d from	uly	, 19_	4, ta_=	may 19	193	59 , that	(I) (sure) las
cause	s stated abave	live an e, (I) (we) (did)	(die not) view the l	9 67, altoady after	d that in (n death.	ny) (our) ap	inian death	occurred an	the date	e and haur	and from th
22b. SIGNATU	RE	11 0	,		ATTEND	ING -	MED -	STAFF		ATE SIGNED	
10	Jonas	a Ha	-dorl	DEGI	REE PHYS.		MED. DIRECTOR	PHYS.	5	-21-	-69
22d. PHYSICIA NAME (T		nald Jano	lorf M.D.		74C	DRESS)3 Harf	ord Rd	Baltimo	re,	Maryla	and
3a. BURIAL, CREM	ATION, 23b.		23c. NAME OF					ON (City ar Tow		(County)	(State)
Burial		22/69	Morela	nd Mem	orial	Park	Balti	more, 1	lary]	Land	
24. FUNERAL DIREC			ADDRESS			2Sa. REC'D	PY REGISTRAR 9	2Sb. REGI	STRAR'S S	IGNATURE	***
Leona	rd J Ruc	k Inc. Ba	altimore, 1	Maryla	nd	DATEMAY	61 13	03	Mesh	Cap June	300

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funard director, page 3 should be detached for use os the burial-tronsit permit. Then please remove corban papers. Pages and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dea

> VR A15 45M - 1

DESTRUCTION OF THE PROPERTY OF STREET, AND THE RESTREET tient and the control of the control Terrary with the contract of t



Milanter Judge

CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b. HOUR Month DOWNER 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) HOURS 7o. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.) Catonsville, Md. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY Catonsville 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 204 Bloomsbury Aveddre Catonsville, Md. Yes, na or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARDIAC DAYS IMMEDIATE CAUSE (o) Conditions, if any, which gave RTC.RIO SCLEROTIC -CARDIOVOSC DISC UN KNOW rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 16 C PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO V 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 3/1/2, and that 116 1965, and that in (my) (ex) opinian death occurred an the date and hour and from the couses stoted above, (1) (did) (did view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) LIEF 4605 DMONDSON 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Fairview Cemetery Fairview, New Jersey 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4)

director, page 3 shauld should be filed with the

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been

attending physidian and completely filled in by the funeral permit. Then please reprove carban papers. Pages I and

lease reprove carban papers. and in any event, within 72 h

burial, crematian, ar remaval,

be detached far use as the State Dept. of Health priar ta

permit.

signed by the burial-transit p

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VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 CERT

W. PKESTUN	SIREEL, BALLIMUKE, MAKYLAND 212	OI ACCHY
IFICATE O	OF DEATH	0001

1.	DECEASED-NAME first Middle Lost VIERKORN 20. DATE OF DEATH Month 5 I	Day 5 Yeo 69 11:45M
	Female 4. RACE White S. DATE OF BIRTH Feb. 14, 1917 6. AGE (In years logy rithdoy) YR	MONTHS DAYS HOURS MIN.
CO	BIRTHPLACE (Stote or foreign U.S.A. Never Married Never Married 9. COUNTY OF DEATH WIDOWED DIVORCED Baltimore	Md.
8	CITY OR TOWN OF DEATH Owings Mills 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.	
13d od	1. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	field Chapel Rd.
	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Stephen Leo Vierkorn Esther May o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	lost KAEGLE
	Yes, no, or unknown) (If yes give war or doles of service) none Rosewood Records, Owings N	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Out TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN OMSET AND GEATH 4-5 hours
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
MFDICAL CF	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) AMM. Month Day Year P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town	2, Item 18.) County Stote
	While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 11/8, 19.61, ta 5/5/, 1 saw the deceased alive an 19.2, and that in (my) (aur) opinion death occurred on the causes stated abave, (I) (we) (did) (did not) view the bady after death.	9_69, that (I) (we) last date and hour and fram the C. DATE SIGNED
24	BURIAL CREMATION, REMOVAL (Specify) 3 Urial 5/7/69 Ft. Lincoln ADDRESS Colmar Manor 250. REC'D BY REGISTRAR 2650. REC	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in y the underal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Roges J and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer death. deoth. ofter TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

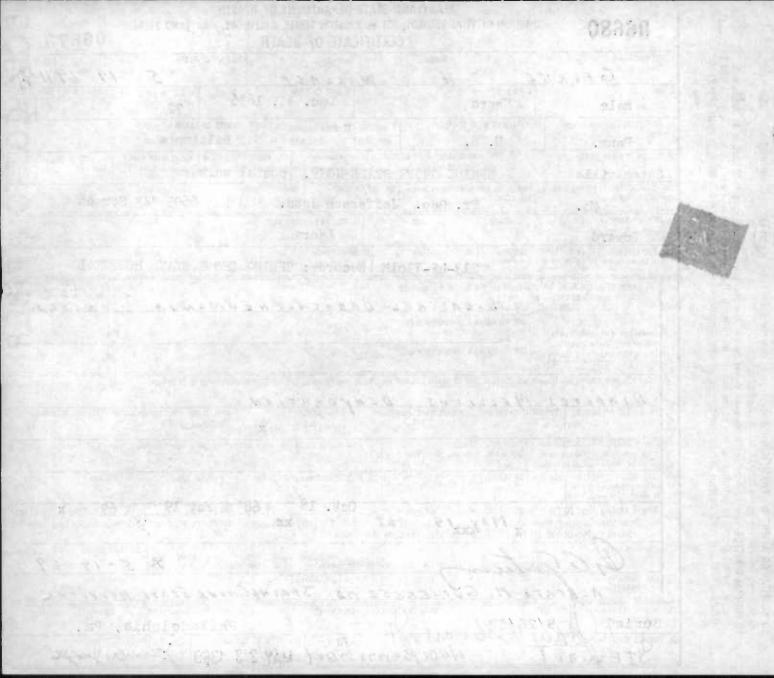
CERTIFICATE OF DEATH

06678

1. DECEASED-NAME First	Middle	Lost	20	o. DATE OF DEATH	2b. HOUR
(Type or print) G FOR G	E H.	WALL	ACF	Month 5 Do	19 Year 69 11.30
. SEX male	4. RACE Negro	C DATE	OF BIRTH 20. 31, 189	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 NRS. MONTHS DAYS HOURS MIN
o. BIRTHPLACE (State or foreign ountry) Penn •	U. S.	8. MARRIED X NEVER WIDOWED	R MARRIED 9. CO	OUNTY OF DEATH Baltimore	M
Catonsville	11. NAME OF HOSPITAL OR INS give street address? SPRING GROVE	STATE HOS	I destruction to the	CCUPATION (Kind of work done f working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
3o. USUAL RESIDENCE (Where deceosed dmission) STATE Md •	10V COUNTY	Jefferson	Hg TS NO	13e. STREET AND NUMBER 6605 "K"	Street
4. FATHER'S NAME First Edward	Middle Lost	La	R'S MAIDEN NAME First	Middle	Lost
Yes, no, or unknown) (If yes give war or				GROVE STATE HO	SPITAL
PART I DEATH WAS CAUSED BY	one couse per line for (o), (b), ond (c).) (AUSE (o) BILATERA DUE TO, OR AS A CONSEQUENCE OF	0	CHOPNE	UMONIA	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATN WEEKS
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	(b)				
1 1	IONS CONTRIBUTING TO DEATH BUT NO	DEHYD.	RATION		
	IDITION FOR WHICH OPERATION WAS PER		AUTOPSY?	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		A Company		ure of injury in Port 1 or Port 2,	Item 1B.)
While Not while	CE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.			City or Town	County State
saw the deceased alive	naspital) attended the decease e an 1907 (We) (did) (did not) view the b	969 and that in	10 , 19 68 1 (my) (3604) apinian	, ta <u>Pay 19</u> , 19 n death accurred an the do	_69 , that 🛪) (we) last and haur and fram the
22b. SIGNATURE / a Gr	tun	DEGREE PHY		CTACC	DATE SIGNED 19 - 69
22d. PHYSICIAN'S NAME (Type) A L BERT	M. GUTIER			ROVE STATE	
	26/169/1 2	EMETERY OR CREMATO		d. LOCATION (City or Town) Philadelphia	(County) (Stote)
STEWIST	4001 B	enzin6	250. REC'D BY REC		SIGNATURE

VR A15 (4) 45M · 1/69

Poge 4 may be retained by the hospital or attending physicion.



06681 Item5 FilmG412 5/8/69 kk CEDTIFICATE OF DEATH CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH (Type or print) May Marie T. Walter 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) Fdmale White 2-12-96 1897 within 72 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country)Virginia ottending physician on composers, nermit. Then please remove carbon papers. USA WIDOWED | DIVORCED Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital within give street oddress) St. Joseph Hospital Baltimore 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? low requires that the death certificate be executed 13b. COUNTY BACK & MOURE Baltimore YES 📮 Maryland NO 🗌 burial, cremation, or removal, and in any 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First James Fagan Margare tta 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 212-09-2091B husband - Louis F. Walter(same) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: permit. Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-tronsit p rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been s ise as the t th prior to b 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO X 4 moy be retoined by the hospitol or TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 5-3-, 19 69, to 5-3-, 19 69, that (I) (we) last saw the deceased alive an 5-3-69 19, and that in (my) (our) apinion death accurred an the date and haur and fram the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE MED. DIRECTOR > m Do DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Camilo Tomboc, M.D. NAME (Type) 23b. DATE 5/7/69. 23c. NAME OF CEMETERY OR CREMATORY 23a. 8URIAL, CREMATION, Holy Redeemer Cemetery REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Leonard J. Ruck, Inc. Balto. Md. 21214

MARYLAND STATE DEPARTMENT OF HEALTH

12a. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OF during most of working life, even if retired.) INDUSTRY 3e. STREET AND NUMBER 3116 Berkshire Rd. #21214 Lost APPROXIMATE INTERVAL BETWEEN DNSET AND DEATH 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County State , and that in (my) (our) apinian death accurred an the date and have and from the 22c. DATE SIGNED 5-3-69 7620 York Road, Towson, Md. 21204 23d. LOCATION (City or Town) (County) (State) Baltimore, Md.

06679

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2b. HOUR p

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06680

	CEASED-NAME ype or print)	First THEF	RESA	Middle LILLIAN		WALT:	ERS		TE OF DEATH Month May 11. 1	Doy Yeor	2b. HOUR 5 p. M
3. SEX	female		4. RACE	nite		S. DATE OF 7/1	BIRTH 1/1903		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DA	AR IF UNDER 24 HRS. AYS HOURS MIN
7o. B	RTHPLACE (Stote or fore try) Baltimor	eign	7b. CITIZEN OF W		8. MARRIED WIDOWED	NEVER N	ARRIED		y of DEATH Saltimore		Md
10. CI	Towson			AME OF HOSPITAL OR IN street address) Mockin					ATION (Kind of work darking life, even if retired WIFE)		
13o. odmi	USUAL RESIDENCE (Where ssian) STATE Md.	e decease	d lived if institu	tion: Residence before Baltimore	13c CITY O	r town wson	13d. INSIDE CITY L		Be. STREET AND NUMBER 808 Mockin		
14. F	ATHER'S NAME First	ank	Middle E.	Palche		IS. MOTHER'S	MAIDEN NAME I	First	Middle Puskar		Lost
	WAS DECEASED EVER IN es, no, ar unknawn)	U.S. ARME If yes give wa	D FORCES?	16b. SOCIAL SECURITY 5-03-830	NO. 17.	INFORMANT Rober	t Walt	ers,	Address husband,		2
	18. CAUSE OF DEATH	Enter anly	ane cause per l		1	A	REE	57			ROXIMATE INTERVAL EEN ONSET AND DEATH
	4123 Conditions, if ony, whin rise to immediate cou stating the underlying last.	th gave)		AS A CONSEQUENCE OF	21)/*	92	INF	1910	DISFASE		MOS
CERTIFICATION	PART 2. OTHER SIGNIFICATION		DITIONS CONTRIB		OT RELATED	TO THE TERM	NAL DISEASE OR	CONDITION 2			N CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING CAI (If either, notify medica	SE OF OEATH	HOUR A.M. P.M.	Manth Day Yeor	9	37			f injury in Part 1 ar Port		
	21d. INJURY OCCURRED While Not while at wark]		(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	- 1				City or Tawn	County	Stote
N	22a. I certify that saw the dece causes stated	(I) (this ased ali I abave,	s haspital) at ive an MA (I) ((did	tended the deceas	ed from_ leg_, ai bady aftei	nd that in a	(my) (eur) op	inion de	ath occurred on the	dote ond ha	nat (I) (esc) las our and fram the
	22b. SIGNATURE	1	rus t	2 1°		GREE PHYS.	IDING DE	MED. DIRECTOR	2	22c. DATE SIGNED	
	22d. PHYSICIAN'S NAME (Type) D	r. 1	haddeu	s C. Siw			-		Pennsylv		
23a.	BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. D	ATE 5/15/69		ens d	r (REMATOR)	ith	В	ocation (City or Town) altimore,	Md.	(State)
24.	Schimune	k Fi	neral	Home, In	c.		2Sa. REC'D I		1969 SCLO	AR'S SIGNATURE	1920

1/01/

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.

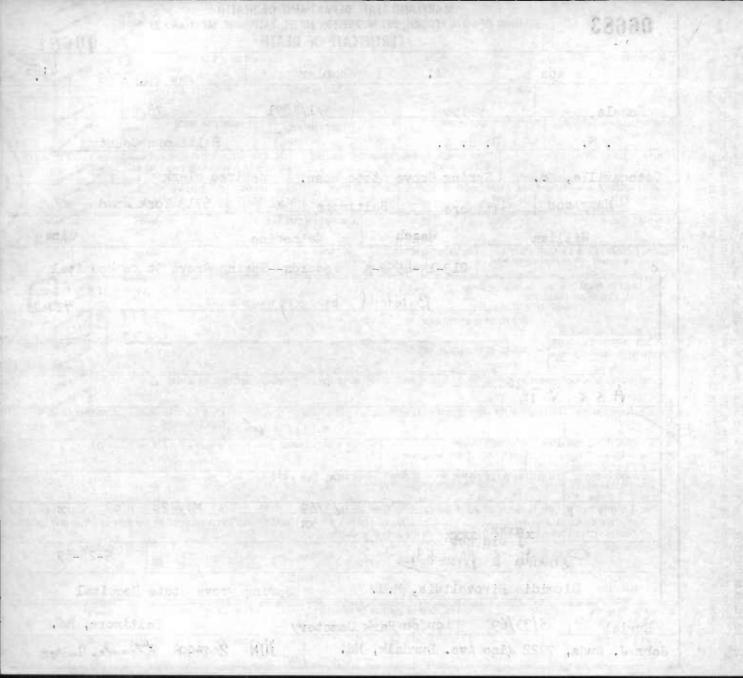
executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tuneral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. VR A15 (4

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MARYLAND STATE DEPARTMENT OF HEALTH 06683 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06681 1. DECEASED-NAME 26. HOUR First Middle Lost 2g. DATE OF DEATH death. (Type or print) Ada A. Wampler vithin 72 hours after 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 5/1/1891 Female White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) campletely filled in U. S. A. WIDOWED [DIVORCED [Baltimore County U. 5. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within give street oddress) during most of working life, even if retired.)
Retired clerk INDUSTRY please remove carban Catonsville, Md. Spring Grove State Ho 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN Spring Grove State Hosp. event, 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Baltimore YES T NO 6713 York Road Baltimore and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle last Middle and Last Zink: certificate-be William Wasch Catherine physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) [If yes give war ar dates of service] remaval, 213-14-4559-4 Records -- Spring Grove State Hospital 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH that the death PART I. DEATH WAS CAUSED BY Bilateral broude of neumonia. crematian, ar IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate couse (a), þ DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse: physician. signed burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Asc. V.D attending been prior to as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has l CAUSES OF DEATH? be detached far use State Dept. af Health r YES [Page 4 may be retained by the haspital ar After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark to May 28 1969 , that x1) (we) last 22a. I certify that (t) (this haspital) attended the deceased fram 1/3/69 , 19 , and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on.... O FUNERAL DIRECTOR: causes stated above, (1)c(\$ e) (discret) view the body after death. 22c. DATE SIGNED -69 22b. SIGNATURE ATTENDING MED. DIRECTOR h vous beli director, page 3 should be filed v DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Diomidis Pirovolidis. M.D. NAME (Type) Spring Grove State Hospital 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Loudon Park Cemetery Baltimore, Md. John J. Duda, 7922 Wise Ave. Dundalk, Md. 24. FUNERAL DIRECTOR VR A15



12330 SHASE TO THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

in the funeral
is. Pages 1 and 2
hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending both signal and campletely filled findirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 72 h

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the haspital or attending physician.

06683

		Elect										
	ECEASED-NAME Type or print)	First	TT	Middle		Lost		. DATE OF		0	V	2b. HOUR
(,	Type or printy	GEORGE	H		WEB	ER		May	21	1969	Yeor	
3. SE	Male		4. RACE	White		5. DATE OF BIRT 1-5-19			6. AGE (In lost bet)	years doy) YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
cour	BIRTHPLACE (State or for ntry) Maryla CITY OR TOWN OF DEAT Arbutus	nd	11. NA	AT COUNTRY? S. A. ME OF HOSPITAL OR IN: treet oddress) D 4 Downto	WIDOWED [CUL		more (Kind of w		12b. KIND OF	BUSINESS OR
13o. odmi	USUAL RESIDENCE (Whission) STATE Mar	ere deceosed yland	lived, if institution	on: Residence before	13c. CITY OR Arbut		ES NO		REET AND N		Road 2	1227
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			CAUSE (o)									
-	Conditions, if ony, whrise to immediate costoting the underlyin lost. PART 2. OTHER SIGNII	ouse (o), ((b)	S A CONSEQUENCE OF S A CONSEQUENCE OF ING TO DEATH BUT N	n's cle Not related to	vd ,	fener of the sold in the sold	uli z	ed	(o)	34e	Pars lears
RTIFICATION	rise to immediate co stating the underlyin lost.	ouse (o), ng couse FICANT CONDIT	DUE TO, OR AS (b) DUE TO, OR AS (c) IONS CONTRIBUT	S A CONSEQUENCE OF	ot related to	vd ,	frescondi	TION GIVE	N IN PART 1	FINDINGS CO	346 174	Pars
MEDICAL CERT	rise to immediate co stating the underlyin lost. PART 2. OTHER SIGNII	DUSE (0), Ing couse FICANT CONDIT IN 19b. CON JNDERLYING AUSE DE DEATH col exominer) D 21e. PLA	DUE TO, OR A: (b) DUE TO, OR A: (c) IONS CONTRIBUT DITION FOR WHITE 21b. TIME OF HOUR A.M. P.M. CE OF INJURY (S A CONSEQUENCE OF THE TOTAL STREET, EACH OPERATION WAS PERFORMED BY THE TOTAL STREET, EACH OFFICE BUILDING, ETC.	OT RELATED TO REFORMED 21c. HO 9 CTORY.) 21f. LO	THE TERMINAL DE 200. AUTOPS: YES WINJURY OCCUR CATION Street of the tin (my) eath.	FORES OR CONDI	20b. IF CAUSES or of injuried of injuried death of the causes of the causes of the cause of the	YES, WERE OF DEATH? TYES OF DEATH? TYES OF TOWN	or Port 2, It	tem 18.)	Stote

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FOR STATE HEALTH DEPT.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1. 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Madical Exercised. mitterfile pages I and 2 with the State Department of files.

within 72 haurs after death O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit per Health priat to burial, cremation, or remaval, and in any event 5 may be retained far your

TO DEPUTY

VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		MEDICA	AL EXAMIN	FK.2 C	EKIIFICA	It UT DE	AIH					
1. DECEASED-NAME	First		Middle		Last		20	o. DATE KN		onth De	ay Yeor	2b. HOUR
(Type ar Print)	Dorothes	l.	E.	Wehl	and			OF E	ATED 🛪	5 1	6 1969	D M
3. SEX	4. RACE	S. DATE OF BIRTH		AGE (In years	IF UNDER 1 YEA				NOUNCED DEA	D		2d. HOUR
F	w	3 17	99	70 YRS	MONTHS OA	/S HOURS	MIN.	Month	5 Day	19	Year 1969	1730 _M
70. BIRTHPLACE (Sto	ote or foreign 7	b. CITIZEN OF WHAT			RRIED NEVER	MARRIED X	9. COUNT	Y OF DEAT	H	100		
country) Mar	yland	USA		WID	OWED 🔲	DIVORCED 🔲	Be	altim	ore			M
10. CITY OR TOWN	OF DEATH		ME OF HOSPITAL OR			ital 12a. U	DAN-BECH	PATION (Ki	nd of work de	one 12	b. KIND OF BUS	
Lansdo	wn	1927	6 Sulpher	r Spr	ing Road	during	house	arking life	even if retire	d.) IN	b. KIND OF BUS DUSTRY sittin	0
	NCE (Where decease	ed lived, if instituti	on: Residence befo	are 13c. CITY	OR TOWN	13d. INSIDE CITY I	LIMITS? 13	Be. STREET A	AND NUMBER			
odmission) STA	TE MD.	13b. COUNTY	Balto.	Ba	lto.	YES N	10 X]	1926	Sulphu	r Sp	ring Ro	i
14. FATHER'S NAME	First	Middle	Lo	st	1S. MOTHER'S	MAIDEN NAME	First	160	Middle		Los	t
	Henry R.	Wehland				Fried	erike	Rhod	le			
	EVER IN U.S. ARMED F		6b. SOCIAL SECURIT	Y NO.	17. INFORMANT	3-72. TA			ADDRESS	HO	5 4958	
(Yes, no or unkno	(it yes give w	var or dates of service)	218-424-	137	Mrs. S	hirley	Carte	er	Ellico	tt C	ity	
	OF DEATH (Enter only		far (a), (b), and ((c).)		375					APPROXIMATE BETWEEN ONSET	
PART 1.	DEATH WAS CAUSED	BY: TE CAUSE (a)				A C	CVH D					
4/0	24		S A CONSEQUENCE	OF	TO SELECT		100	1	100	-	111100	
	any, which gave	(b)								14		
	ediate couse (a), (underlying cause (, , -	S A CONSEQUENCE	OF	To The Co.				2112			10.70
last.)	(c)										
PART 2. OTHER	R SIGNIFICANT CONDI	TIONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED	TO THE TERMINA	AL DISEASE OR (CONDITION (GIVEN IN PA	ART 1(a)			
z			0	steoa	rthriti	8						
19a. DATE OF 21a. EXTERNAL	OPERATION	1	9b. CONDITION FOR		ERATION				I I Say		20. AUTOPS	y?
		No. of Park	WAS PERFORM	EU?							YES 🗀	NO 🗌
	L CAUSE WAS OR CONTRIBUTING [IJURY Month, Doy, Y	fear :	21c. HOW INJURY	OCCURRED (En	iter nature	of injury in	Port 1 or Por	2, Item	18.)	
PRIMARY CAUSE OF DEA		P.M.		9			130		MS-7			100
	la d	LACE OF INJURY (At		t, :	21f. LOCATION St	reet or R.F.D. Na.		City or 1	lown		County	State
AT WORK		ory, arrice boriaing,	010.)			200	663					
22a.	I certify that I to	ak charge of the	e remains descr	ibed abav	e, held an A	utapsy ,	Inspe	ection 😿], Inquir	y [],	and in m	ny apinian
death	resulted fram:	Natural cause	s k, Accid	ent [],	Suicide [, Hamicid	le 🔲	Undeter	mined man	ner [
	Of I	. 1	. 1 .			CHIEF MEDICAL	EXAMINER					
ACTUAL SIGNATURE	YOUN !	XIcus	ther _		M.D.	ASSISTANT MED	ICAL EXAMIN	NER 🗌	22b.	DATE SIG	NED	
EXAMINER'S						DEPUTY MEDICA	AL EXAMINER	R K	5 19n			
NAME (Type	John F.	Schaefe	r M.D.			ADDRESS(Street	, city, tawn,	, or county	Hol Ka	ictom	No -:	21229
23a. BURIAL, CREM		DATE			Y OR CREMATOR			,	ty or Town)			otoMd.
REMOVAL (Spe		22/1969			Cemeter	¥			's Cor	ner	Howard	Co.,
24. FUNERAL DIREC	CTOR	05/		DRESS			D BY REGIST		25b. REGISTE	AR'S SIG	NATURE	
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on Louis Common	St. John's Court	6957/3	
A MAN DO NESS (MESSAGE)			

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06685

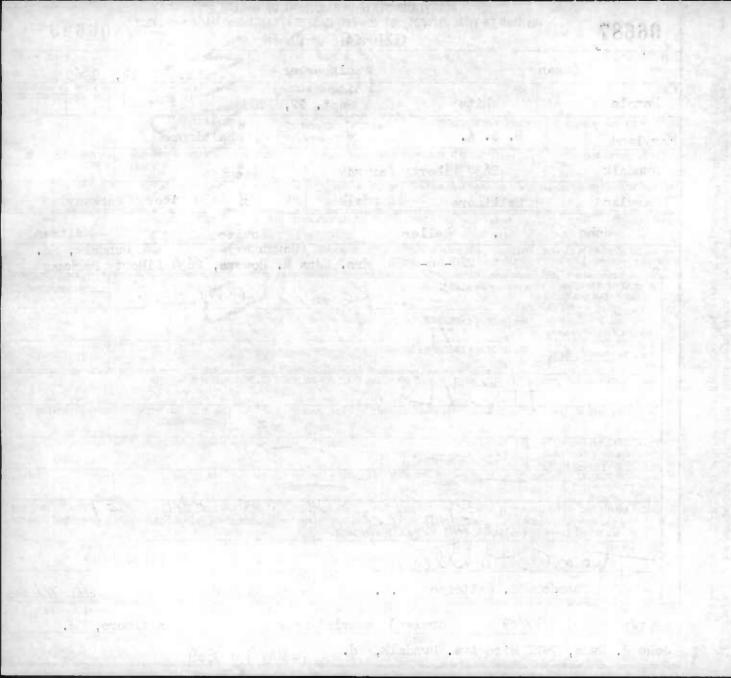
				CERTIFICA	AIE UF I	DEATH					
1.	DECEASED-NAME First (Type or print) Susa		Middle	W	lost einberg	ger	20. DATE O	May Month	124,	1969	2b. HOUR
3.	Remale	4. RACE Whi	te		S. DATE OF BIR		38	6. AGE (In year lost birthdoy)	YRS. IF U	INDER I YEAR	IF UNDER 24 HRS. HOURS MIN
í	7o. BIRTHPLACE (Stote or foreign country) Maryland	76. CITIZEN OF WHA	A.	WIDOWED 2	_	ED 🗌		imore			M
	o. city or town of death Dundalk	263	ME OF HOSPITAL OR IN	Parkwa	ay			(Kind of work of life, even if reti		2b. KIND OF I	BUSINESS OR
0	30. USUAL RESIDENCE (Where deceded in the state of the st	sed lived, if institution	n: Residence befare	Dunda.	town 1.	3d. INSIDE CITY LIP YES NO		REET AND NUMBI 34 Liber		rkway	
1	14. FATHER'S NAME First John	Middle H •	Last Keller		MOTHER'S MAI	Lo	uise				tzen.
1	16a. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (If yes give	war or dates of service)	16b. SOCIAL SECURITY 220-46-09	84 Mr:	iformant (s. Edna	Daught M. Bo	wers,	2634 Li	ess Dun berty		Md. Way
	PART 1. DEATH WAS CAUS IMMED Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS (b) DUE TO, OR AS	A CONSEQUENCE OF	C	THE TERMINAL	DISEASE OR CO	ONDITION GIVI	EN IN PART 1(a)			
	19a. DATE OF OPERATION 19b	. CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOP	NO 🎦		F YES, WERE FIND S OF DEATH?	INGS CONSI	DERED IN CE	RTIFYING
	GIf either, natify medical exam	HOUR A.M. iner) P.M.	Manth Day Year	9				ury in Part I ar P			
	21d. INJURY OCCURRED While of work 22a. I certify that (I) (the saw the deceased causes stated above.	sia haasital\ atta	OFFICE BUILDING, ETC.	ad fram	\$ 10	10 /	to	or Tawn	10/	that	(I) (we) las
	causes stated above 22b. SIGNATUR 22d. PHYSICIAN'S NAME (Type) Theod	c fa	Ites	DEGRE	ATTENDING PHYS.	G X M	ED. RECTOR Quanda	STAFF PHYS.	22c. DATE 5/14	SIGNED	md 2
2	23a. 8URIAL, CREMATION, 23b. Burial (Specify)	DATE 1/17/69	Morela	cemetery or o	orial P				timor	Caunty) e, Md	(State)
	24. FUNERAL DIRECTOR John J. Duda, 7	922 Wise	Ave. Dund	alk, Mo	9	2Sa. REC'D 8		25b. REGIS		NATURE	ge.

DAMAY 19

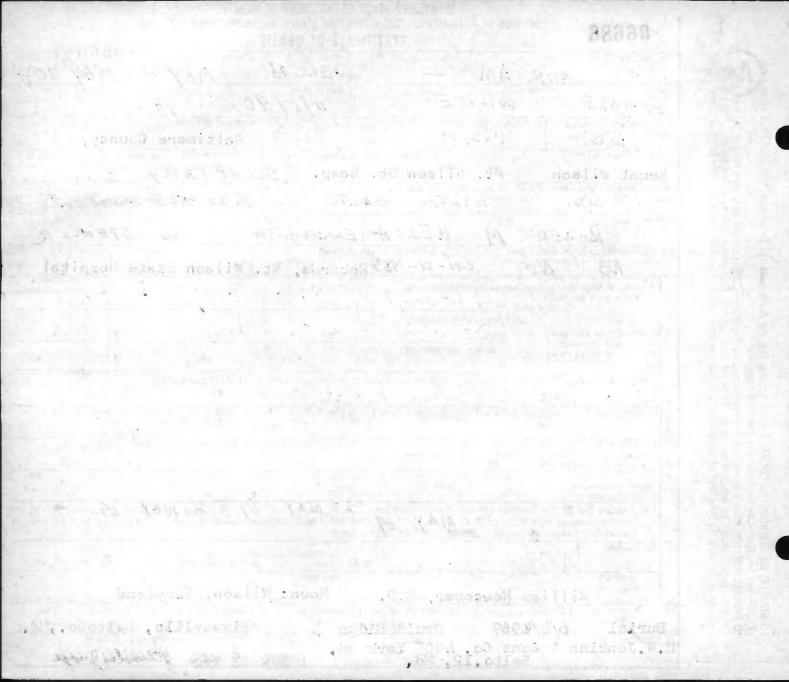
1969

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please Tentave carban papers. Page should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hauns. Page 4 may be retained by the haspital ar attending physician.

the funeral



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06688 CERTIFICATE OF DEATH 1. DECEASED-NAME Last 2g. DATE OF DEATH First (Type or print) WELC MIR signed by the ottending physician ond completely filled in by the Lus burial-transit permit. Then please remove carbon popers. Pages burial, cremotion, or removol, and in any event, within 72 hours offer 4. RACE IF UNDER 1 YEAR 1E LINDER 24 HRS S. DATE OF BIRTH 6. AGE (In years considerate be executed within 24 hours after FEM MIE 9. COUNTY OF DEATH 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED U-S. A Baltimore County, WIDOWED | DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Mt. Wilson St. Hosp. INDUSTRY Mount Wilson HEMICA 13c. CITY OR TOWN 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 186. COUNTY admission) STATE BALTO, cremotion, or removol, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle ELIZABETH KOBERT 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) ZIJ-01-1963 Records, Mt. Wilson State Hospital Yes, no, or unlenown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: requires that the death IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF UL CUSTIATIONS Conditions, if ony, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ed for use as the l Page 4 moy be retoined by the hospitol or attending this certificate has been CERTIFICATION 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 2Da. AUTOPSY? CAUSES OF DEATH? YES 7 NO 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State Stote Dept. While Nat while at work 22o. I certify that 贯 (this hospital) attended the deceased from 23 MAT, 1969, to 3, MAY, 1969, that 惯 (we) lost sow the deceased alive on 3, MAY 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, 贯 (we) (did) (did not) view the body after death. O FUNERAL DIRECTOR: After director, page 3 should should be filed with the 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Mount Wilson, Maryland William Newcomer, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23a. BURIAL CREMATION Pikesville, BaltoCo. Druid Ridge 2So. REC'D BY REGISTRAR & Sons Co. Balto 12



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06689 06687 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor 2b. HOUR delay 1. nd 3 to Poge (Type or Print) OF ESTI-May 1969 9:45 of LENA DEATH MATED WESTPHALE 4. RACE AGE (In years IF UNDER 24 HRS. 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR DAYS HOURS PM3 Female White Mav Doy 23, Yeor 9:45A 70 YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, farm Maryland U.S.A. Baltimore WIDOWED X DIVORCED [Md. State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR after death Office alang with give street oddress) during most of working life, even if retired.) INDUSTRY Baltimore with the 8101 Clyde Bank Rd. Clerk Grocery 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Item 18. odmission) STATE Maryland 13b. COUNTYBaltimore 8101 Clyde Bank Road YES NO pdges land 2 after 14. FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Schmidt Unknown .⊆ Chief Medical Examiner's Haurs 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS executed within pencil (Yes, no, or unknown) 218-32-0334 Viola L. Ruppert - 8101 Clyde Bank File .= 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH perchit. PART I. DEATH WAS CAUSED BY: "pending" Pulmonary Embolism IMMEDIATE CAUSE (o)_ DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), writing the word certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 arwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 Arteriosclerotic cardiovascular disease remayal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🔀 NO [pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy x Inspection . Inquiry ond in my opinion Natural couses kxt, Accident . Suicide . death resulted from: Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL FXAMINER 5/23/69 Ronald N. Kornblum, M.D. **EXAMINER'S** 5 may ro FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Moreland Memorial Pk. Baltimore, Maryland 5/26/69 EUNERAL DIRECTOR Altenburg Funeral Home Inc. rd Rd. - Balto., Md. 21214 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Harford VR A15ME 10M REV. 1/68

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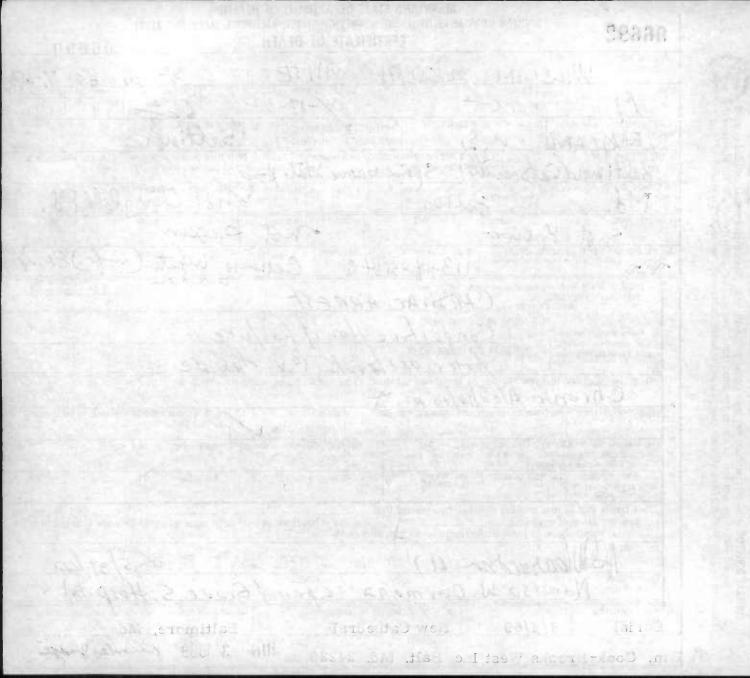
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06690 06688 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First 2o. DATE OF DEATH deoth. 2b. HOUR within 24 hours after death puo (Type or print) in the funerol TRANKLING USEP 1.15 P.M 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy). 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED [DIVORCED [and receppletely filled bal 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR earbon give street oddress during most of working life, even if retired.) **INDUSTRY** ATONS VILLE CONSTRUCTION 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER that the death certificate be executed odmission) STATE kemove. ond in any 14 FATHER'S NAME Yes, no. or unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 Conditions, if ony, which gove) burial-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) use os the l hos been 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? for use Heolth YES 🗔 NO F certificote 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) the hospitol OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County Stote While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from 10-31-, 1958, ta 5-4-, 1969, that (I) (We) last saw the deceased alive an 3-2-1969, and that in (my) (our) apinian death accurred an the date and haur and from the should ith the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death director, page 3 sho shauld be filed with 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) GUILFOR 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06689 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 2a. DATE KNOWN DE Yeor (Type or Print) 0F ESTI-Page Whitcomb Anna Lorena DEATH MATED MAY 1969 ам 3 4 RACE 6. AGE (In years IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d. HOUR 4a M Female White June 8.1912 56 1969 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TY NEVER MARRIED 9. COUNTY OF DEATH form Baltio. Co., Md. U.S.A. WIDOWED [DIVORCED [Baltimore Give Pages State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (1205 10 10 10) with 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OF ta after death give street address) Reisterstown Rd. Rosewood State during mast of working life, even if retired.) with the Pikesville glang \ Pikesville 8.Md 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN odmissian) STATE 13b COUNTY imore 1314 Reisterstown Rd. Pikesville YES NO 24 hours after Herry Dub 14. FATHER'S NAME First lost 15 MOTHER'S MAIDEN NAME First Middle Splitte Ridgley Triplett Margaret Hugh Marv haurs pages the Chief Medical Examinér Pikesville 8.Md 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** within pencil, (Yes, no, or unknown) 7-16-3830 Mr. James K. Whitcomb, 1314 Reisterstown Rd. None File within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: MMEDIATE (AUSE (a) Arteriosclerotic Cardio Vascular Disease pending 3 yrs. event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). shauld writing the ward DUE TO OR AS A CONSEQUENCE OF stating the underlying cause .= farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) certificate D 20 remaval, nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO T certificate, pe 10 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL crematian, EXAMINER: none 19 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry X and in my opinion Natural causes X Accident deoth resulted from: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE 6-2-69 DEPUTY MEDICAL EXAMINER * **EXAMINER'S** D. D. Caples, M. D., 6 Hanover Rd., AREFSTET TOWN. 21136 NAME (Type) 0 23a. BURIAL, CREMATION 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Buria I Baltio. Md. Pikesville June 2,1969 Druid Ridge Cemetery 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) TOM REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06692 CERTIFICATE OF DEATH 06690 DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR executed within 24 haurs after death. (Type or print) 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR MONTHS HOURS event, within 72 hours at 7o. BIRTHPLACE 4State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED PNEVER MARRIED 9. COUNTY OF DEATH remave carban papers. and reampletely filled in WIDOWED [DIVORCED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION Af not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13F. CITY OR TOWN 13d. INSIDE CITY LIMITS? and in any 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last attending physics of their please of their The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar unknown) (If yes give war or dates of service) crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove ? burial-transit rise to immediate cause (o) DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying cause signed burial, TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the hospital ar attending peen director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has ! CAUSES OF DEATH? YES | NO TI certificate OR ATTENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State TO FUNERAL DIRECTOR: After this While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram_ sow the deceased olive on..... and that in (my) (our) opinion deoth occurred on the date and hour and fram the causes stated above, (I) (we) (did) (did nat) view the body ofter death. 22b. SIGNATU DEGREE 22d. PHYSICIAN 22e. ADDRESS NAME (Type) 23b. DATE 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 6/4/69 New Cathedral Baltimore, Md ADDRESS 24. FUNERAL DIRECTOR Wm. Cook-Brooks West Inc Balt. Md. 21228 DATE

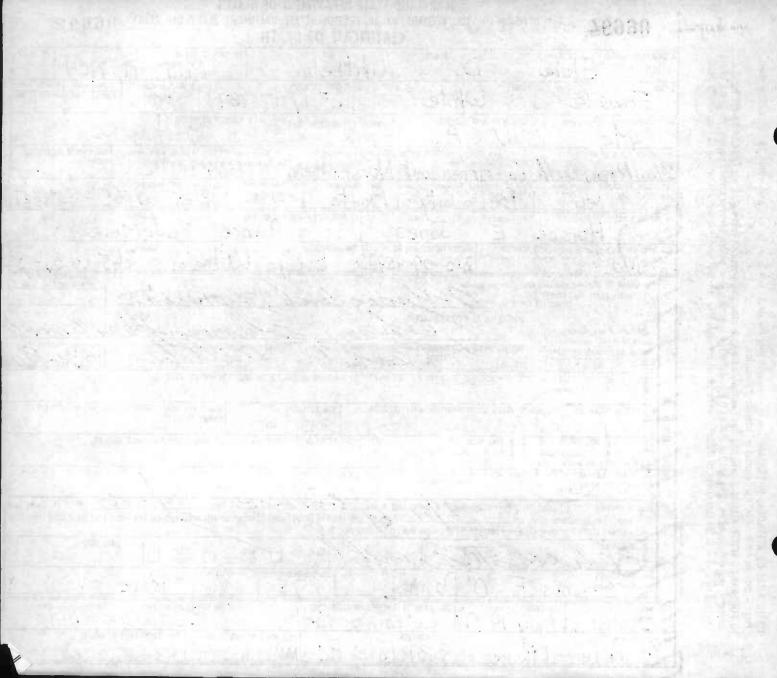
MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06692 06694 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME Middle First death. requires that the death certificate be executed within 24 haurs after death pug (Type ar print) A Month SIE 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthouy) HOURS 187 temale 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) and completely filled in TIMORE WIDOWED X DIVORCED within 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** Karban Hom burial, crematian, ar remaval, and in any event, 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c CUTY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE YES 🔀 NO remave 14 FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First er ones orace physician of the please 17. INFORMANI 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no or inknown) lhen 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (s). BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the c burial-transit p Canditians, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thu Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ed far use as the af Health priar ta has been CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES [NO [TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Doy Year (If either, natify medical examiner) P.M detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. , page 3 shauld be detache be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City ar Town Caunty State OFFICE BUILDING, ETC. While Not while at work ot wark 220. I certify that (I) (this hospital) attended the deceased from. saw the deceosed olive on 19 6 ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. PHYS. 22e. ADDRESS PHYSICIAN'S 22d. NAME (Type) 50 directar, shauld by 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 230. **BURIAL, CREMATION** (County) REMOVAL (Specify) imore orraine FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE SOM REV 1788 Minele Judes



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06695 06693 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH the funerol ages 1 and 2 rs after death. 2b. HOUR 5 Month certificate be executed within 24 hours after death (Type or print) **EMORY** R. WILHELM 20 69 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years lost birthdoy) HOURS Male White 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S. A. WIDOWED | DIVORCED | Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12o. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR INDUSTRY STEEL give street oddress) during most of working life, even if retired.) Towson Center RETIRED CRANE OPERAT signed by the attending physician and completely buriol-transit permit. Then pleose remove corbor pleose remove corbor Greater Balto, Med 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN YES NO 13b. COUNTY BALTO KENWOOD in ony 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMÁNI Yes, no, or unknown) 216-10-1994 MRS, CATBERINEE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) requires that the deold PART I, DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) following right radical neck operation buriol-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Metastatic carcinoma of neck PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) has been Chronic pulmonary emphysema and hypertensive heart disease os the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a, AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 5/15/69 YES X NO [Metastatic ca. of neck O HOSPITAL OR ATTENDING PHYSICIAN: 1
Page 4 moy be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Po OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Tawn County Stote While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from April 12, 19 69, to May 20, 19 69, that (I) (we) last saw the deceased olive an May 20, 19 69, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 5/20/69 director, page 3 should be filed v DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Rudiger Breitenecker, M.D. 6701 N. Charles Street 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) BEMOVAL (Specify) ARCHINSOF 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A 15 (4) 30M REV. 1768 Millionlas Vardal

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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within 24 hours ofter death tely filled, in by the funeral rbon papers, rages i and it, within 77 rack after death	3. SE	× Malle	4. RACE Negno	5. DATE OF BIRTH	6. AGE (In years lost birthdoy) YRS.	MONTHS DAYS HOURS MIN.
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ysicion ysicion please	16a.	WAS DECEASED EVER IN U.S. ARMED (es, no, or unknown) (If yes give wor o	FORCES? 16b. SOCIAL SECURITY		Address	spital
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OR AT		22b. SIGNATURE	women	ATTENION	MED. STAFF DIRECTOR PHYS. 22c.	DATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after.

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MAKILAND STATE DEPARTMENT OF HEALTH	
SION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN CERTIFICATE OF DEATH	^{10 2120} 06695

(1)	CEASED-NAME ype or print)	Lucy First		Middle Andersor	n	Villi.	ams	2a. DATE OF	May	Day 5	1	769	2b. H	HOUR M
3. SE	Female		4. RACE Whit	te		5. DATE OF B	IRTH 10, 187	9	6. AGE (In year last birthdoy	r) YRS.	IF UNDER I	YEAR DAYS	HOURS	24 HRS. MIN,
7a. B	IRTHPLACE (Stote or try Virginia	foreign 3.	7b. CITIZEN OF WI	AT COUNTRY?	8. MARRIED [WIDOWED [NEVER MAR	RRIED S	Balti	DEATH					Md
	ITY OR TOWN OF DE	ATH	11. N/give 2	AME OF HOSPITAL OR INST	TITUTION (If no	ot in hospital			(Kind of work		12b. KI INDUS		BUSINESS	OR
13o. admi:	USUAL RESIDENCE (V ssion) STATE Maryla	here decease .nd	Tage COLINERY		13c. CITY OR Dunda.	-	13d. INSIDE CITY LIM YES NO	100.00	REET AND NUME 28 Libe		Par	kwaj	У	
	ATHER'S NAME	First 11iam	Middle S.	Andersor	1		AIDEN NAME Fir	tiė	El	ddle la			lost nors	
	was Deceased EVER es, ng og unknown)		D FORCES? or dates of service)	16b. SOCIAL SECURITY N 224-66-89			Daughte nnie E.			dress D				
	PART I. DEATH Conditions, if any, rise to immediate stoting the under lost. PART 2. OTHER SIG	which gave cause (o), ying cause	DUE TO, OR A (b) DUE TO, OR A (c)	AS A CONSEQUENCE OF	-		L DISEASE OR CO							
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MEDICAL	21a. ACCIDENT WA: or contributing [(If either, notify many) 21d. INJURY OCCUR While Nat while at wark ot wark 22a. I certify t	CAUSE OF DEATH edical exomine RED 21e. F	HOUR A.M. P.M. PLACE OF INJURY	Manth Day Yeor 19 (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY,) 21f. LO	CATION Street	et or R.F.D. Na.	City	or Tawn		County	that		tate
	causes sta	ted above,	ve on (II) (we) (did)	ended the decease	M. D.	eoth. ATTENDII PHYS.		D. RECTOR	STAFF PHYS.	22c. D/	TE SIGN	ED 9		m the
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneful director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

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L OR ATT be retain DIRECTO ge 3 sha lled with	II.	22b. SIGNATURE	0 8 din 1 0 000	M.D. ATTENDING DEGREE PHYS	MED STAFE	TE SIGNED
Al Cay boay by the Di Mt		22d. PHYSICIAN'S	- caura o	22e. ADDRESS	DIRECTOR PHYS. 1 Ma	419,1969
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TO HOSPITAL OR A Page 4 may be re TO FUNERAL DIREC director, page 3 shauld be filed w	23a.	BURIAL, CREMATION, 23b. DA		METERY OR CREMATORY Charactery	23d. LOCATION (City or Town) Newark, Dela	(Caunty) (State)
	24.	FLUMERAL DIRECTOR	ADDRESS	2Sq. RFC'D.	BY RIGISTRAR 1969 25b. REGISTRAR'S SI	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. DECEASED-NAME	First		Middle		Last		2a. DATE		0		26. НОВИ
(Type or print)	Irene		Slaten	I	Vilson			May	25	1969	1:15
3. SEX		4. RACE			S. DATE OF I	BIRTH		6. AGE (In y		F UNDER 1 YEAR ONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
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o. BIRTHPLACE (Stote (or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRII	ED NEVER MA	RRIED	9. COUNTY	OF DEATH			
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O. CITY OR TOWN OF I	DEATH	11. N	AME OF HOSPITAL OR INS	STITUTION (If nat in haspital	12a. USUA		ON (Kind of wo		12b. KIND OF E	SUSINESS OR
Luthervil		Co	street address) 11ege Mano	r, Se	eminary	Ave.		Accour		INDUSTRI	
3a. USUAL RESIDENCE	(Where deceas	ed lived, if institut	tian: Residence before	13c. CITY	OR TOWN	YES NO		STREET AND NU 02 Rodr			
	Columbi	а	V	N	W	X				•	
14. FATHER'S NAME	First	Middle	Last		15. MOTHER'S A	MAIDEN NAME F		1	Aiddle		Lost
	ncis	M.	Slaten		7. INFORMANT	I1	rene			Henry	
160. WAS DECEASED EV Yes, no, or unknown	EK IN U.S. AKI (If yes give v	WED FORCES?	16b. SOCIAL SECURITY				1.	A	ddress		
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			ne for (o), (b), and (c).	.)	1.	1 -	7	1 -	1.		SET AND DEATH
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STIFE					YES] NO [CAU	SES OF DEATH?			
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causes s	tated abav	e, (I) (we) (did)	(did nat) view the	bady aft	er death.						
22b. SIGNATURE	n	1-1	4.	k	1 11 ATTEME	1110 2 d H	IFD.	77457	22c. DA	TE SIGNED	
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22d. PHYSICIAN'S NAME (Type)		ard K.	Gundry	M.D.	22e. AC	DRESS 2 W	. Uni	versit	y Pk	wy.21	218
23g. BURIAL, CREMATIC	Ma	DATE 26, 1969	Greenma	ount	or crematory emeter	y		TION (City or To		(County)	(State)
24. FUNERAL DIRECTOR	ens' Sa	ons, Town	on, Maryle	and		2Sa. REC'D B	y registrar 9 19	69 25b RE	GISTRAR'S SI	GNATURE	4

and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. ours after death. The funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 in

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FOR STATE HEALTH DEPT.

and 3 ta ny delay is 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department in pentril in Item 18. Give Pages 1, necessary, please execute the certificate, writing the ward "pending" in penal-in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm DICAL EXAMINER: This certificate shauld be executed within 24 Haurs after death Health prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death. Carhodra TO DEPUTY

VR A15ME (5)

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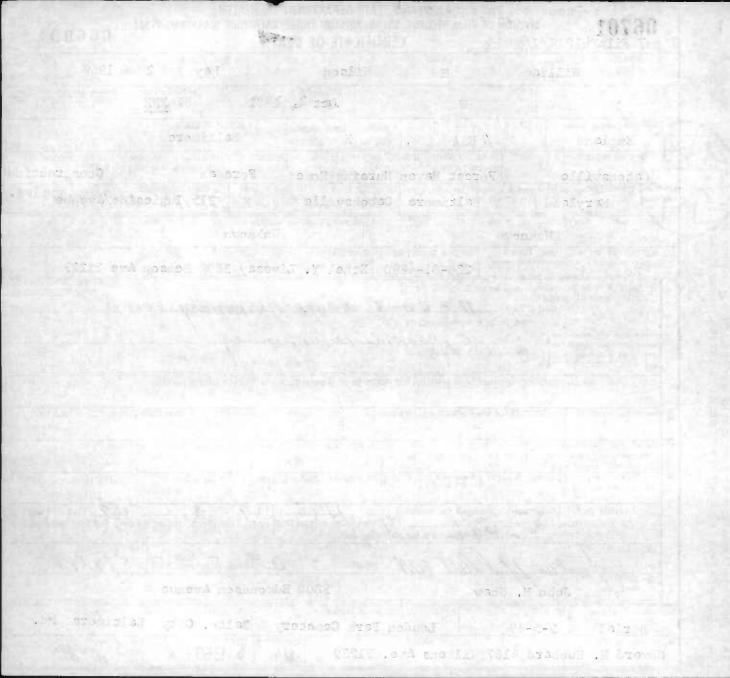
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06700 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06698

DECEASED-NAME (Type or Print)	First		Midd Garv	lle	Wil			OF ESTI-	Month D	Doy Yeor 1 196	2b. HOUR
3. SEX	Jame 14. RACE	S. DATE OF BIR	- U	6. AGE (In year			24 HRS.	DEATH MATED	FAD	190	2d. HOUR
Male	White	Jan.12	1877	last birthday	YRS.	AYS HOURS	MIN.	Month Do		Yeor 19	M M
70. BIRTHPLACE (Sto	ote or foreign 71	. CITIZEN OF WH	AT COUNTRY?	8.	MARRIED NEV	R MARRIED	9. COL	JNTY OF DEATH		M. 14.	
country) Maryl	and	U.S.A		V	VIDOWED 😿	DIVORCED		Baltimo	ore		Mo
Randa	llstown	11. NA give s	ME OF HOSPITA treet oddress)	L OR INSTITUT	Hospita	spitol 120. durin		CCUPATION (Kind of work I working life, even if reti		2b. KIND OF BU NDUSTRY	ISINESS OR
130 USUAL RESIDE	NCE (Where deceose	d lived if institu	tion: Peridence	hafara 13c (TOSPI Ca.	13d. INSIDE CITY		13e. STREET AND NUMBER			
odmission) Ma	ryland	13b. COUNTY			ltimore	YES ₹		3606 Sylvan	n Dr		
14. FATHER'S NAME	First	Middle	Wil	lost	IS. MOTHER	MAIDEN NAME	First	Unknown Middle		to	st
160. WAS DECEASED (Yes, no, or unknown)	EVER IN U.S. ARMED FO	RCES? Ir or dates of service)	16b. SOCIAL SECT 705-05		17. INFORMANT	atherin	e V	Wilson 6201	Lock	n Raven	Blvd
Conditions, if	DE DEATH (Enter only DEATH WAS CAUSED IMMEDIAT only, which gove did to couse (o), underlying couse	BY: E CAUSE (o) DUE TO, OR (b) Feb	2 -1 1-	NCE OF	melo fr mpri egit un enselle	had 2	line anxiet	iar fracture	4	APPROXIMAL BETWEEN ONSE	
800	R SIGNIFICANT CONDIT			1		0	CONDITIO	ON GIVEN IN PART 1(o)			
190. DATE OF		NIZEF IL	19b. CONDITION WAS PERFO	FOR WHICH		e xae	uale	a of range		20. AUTOPS	
	OR CONTRIBUTING	21b. TIME OF HOUR A.I	NJURY Month D A. 4-28-	oy, Year	21c. HOW INJU	RY OCCURRED (E	nter notu	re of injury in Port 1 or Po	ort 2, Item	18.) at Ba	ex Contr
		ACE OF INJURY (t home form, s g, etc.)	street,	21f. LOCATION	freet or R.F.D. No).	City or Town		County	Stote
22a. death r ACTUAL SIGNATURE EXAMINER'S	Certify that I to resulted fram:	Natural caus B. Ta	es X, Ac				de [], EXAMINI DICAL EXA	AMINER 22b	'	GNED	ny apinian
NAME (Type	/	rt B. Ta	TATOL			ADDRESS(Stree	t, city, to	wn, or county)	10131		
230. BURIAL, CREM REMOVAL (Spe BULLA)	A. Air	/69			ery or cremato			LOCATION (City or Town)	aryla		(Stote)
24. FUNERAL DIREC				ADDRESS			PBY REC		IRAR'S SIC	SNATURE	IE.

Si delemento de la companione de la comp TOTAL TOTAL AT STORY true contract the contract of Mary Charles St. Mary

	Ite	06701 em7 FilmG412 5/		301 W. PREST	ON STREET, BALTI	MORE, MARYLAND 21201	06699
	(1	CEASED-NAME First ype or print) Willi	.am H	Wilse	lost On	20. DATE OF DEATH May Month 2 Do	2b. HOUR
	3. SE.	M	4. RACE W	S. D	oct 1, 1881	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	7a. B coun		7b. CITIZEN OF WHAT COUNTRY? /? USA	8. MARRIED N	EVER MARRIED	9. COUNTY OF DEATH Baltimore	
	10. C	TY OR TOWN OF DEATH Catonsville	11. NAME OF HOSPITAL OR INS give street oddress) Forest Haven	TITUTION (If not in I	Home 120. USUAl	L OCCUPATION (Kind of work done at of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY COnstruction
	30. odmi	USUAL RESIDENCE (Where deceose ssion) STATE Maryland	d lived, if institution: Residence before	13c. CITY OR TOW	ALLIE YES NO	13e. STREET AND NUMBER 3 (1) 13/5/ Trig1es1.	de/AyenyenAve
	14. F	ATHER'S NAME First U:	Middle Lost nknown	15. MO	THER'S MAIDEN NAME FII Unkr	rst Middle	Lost
	16o. Y	WAS DECEASED EVER IN U.S. ARMI es, no, or unknown) (If yes give wa No	ED FORCES? 16b. SOCIAL SECURITY N 220-01-48			Address ay 3808 Benson A	
		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	Tone couse per line for (o), (b), ond (c). BY: E CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO	ane la	USUFFIOIS	/	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
	CERTIFICATION	190. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 2	Oo. AUTOPSY? YES NO	206. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exomini 21d. INJURY OCCURRED While Nat while of work	HOUR A.M. Month Day Year			noture of injury in Port 1 or Port 2, City or Town	County State
		22a. I certify that (I) (this saw the deceased ali causes stated abave,	haspital) attended the decease ve an1 (I) (we) (did) (did not) view the	968, and the	t in (my) (our) apin	nian death accurred on the do	
/		22b. SIGNATURE 22d. PHYSICIANS NAME (Type) John	H. Shaw	DEGREE	22e. ADDRESS	ED. STAFF 22c. RECTOR PHYS. D 0	DATE SIGNED
		BURIAL, CREMATION, 23b. D. REMOVAL (Specify) 5 -	23c. NAME OF 0 5-69 Loud	CEMETERY OR CREM	ATORY Cemetery	23d. LOCATION (City or Town) Balto. City Ba	ltimore Md.
2		uneral director loward H. Hubba	rd 4107 Wilkens A	ve. 21229	25o. REC'D BY	5 1969 256 REGISTRAR'S	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06700

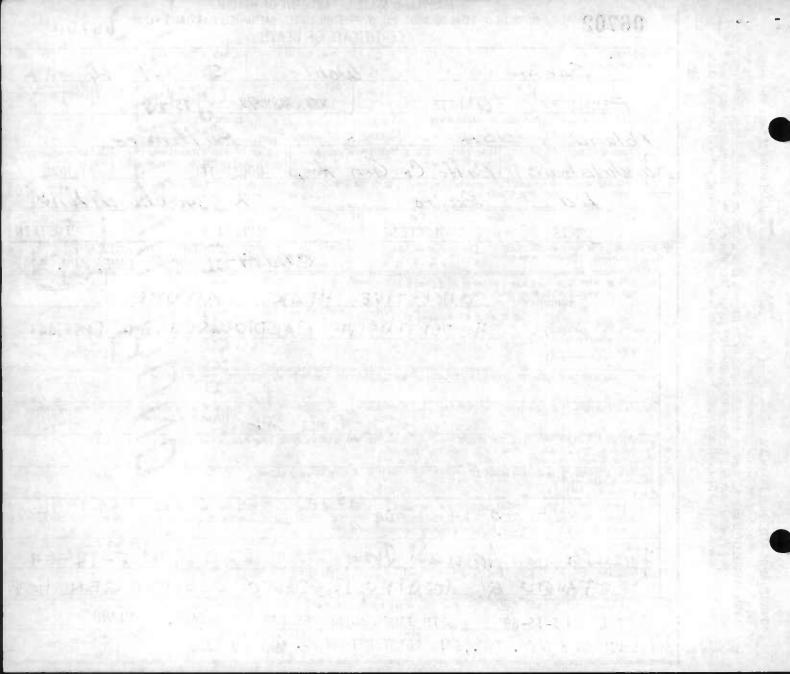
				CEIVI.	TICKIE OF DEA					
		CEASED-NAME First ype or print)	211	Middle	Last		TE OF DEATH Month Doy	Year	2b. HOUR	
ă.	å. SE	JAR!			woni			64	1 A.M	
1	8. St	FEMALE	4. RACE //) H	ITE	S. DATE OF BIRTH	XXXXX			UNDER 24 HRS. OURS MIN.	
	70. F		b. CITIZEN OF WHAT COL	1.			TY OF DEATH			
	cour		USA	MAK	RIED NEVER MARRIED DIVORCED		a Himor-	7.17	Md.	
	10. C	ITY OR TOWN OF DEATH		HOSPITAL OR INSTITUTION			ATION (Kind of wark done	12b. KIND OF BUS		
5	1	Landa 11stown	give street or	to. Co. 9.	en Hospau	ring most of wor HOUSED	rking life, even if retired.) WIFE	AT HO!	ME	
2	13a.	USUAL RESIDENCE (Where deceased ission) STATE	lived, if institution: Res	sidence before 13c. CIT			3e. STREET AND NUMBER	0 (AP	T. 203	
		Ha	130	110	YES	NO X	8340 Chur	ch kin	6	
	14. F	FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN N		Middle		lost	
		MORRIS		GOLDSTEIN		RACHAEI			STEIN	
	16a. Y	WAS DECEASED EVER IN U.S. ARMED es, po, or unknown) (If yes give word	FORCES? 16b. SC or dates of service)	OCIAL SECURITY ND.	17. INFORMANT	MRS. DO	01(0111)	BRENNER	0.00	
		NO			C C C C C C C C C C C C C C C C C C C	anna 8:	340 CHURCH LAN	IE, APR.		
3		1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED B				_	d 1.1	BETWEEN ONSET		
		IMMEDIATE		NGESTIV	E HEAK	1 +	AILURE			
		4122	DUE TO, OR AS A CO	NSEQUENCE OF	aut ou	2 01 01/	100111 440	2.15		
		Conditions, if any, which gove rise to immediate cause (a). HY PERTENSIVE CARDIOVAS CULAR DISEASE								
		stoting the underlying couse	DUE TO, OR AS A CO	NSEQUENCE OF				1000		
	3.	lost.	(c)							
		PART 2. DTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TD THE TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART I(a)			
	NO	10 - DATE OF OREDATION 101 CO	ADITION FOR WILLIAM ORE	DATION WAS DEDECTOR	Loo AUTORSVO	10	AL IF YES WIFE FINDINGS CO.	ICIDEDED IN CENT	FWIND	
)	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPE	KATIUN WAS PERFURMEL			Ob. IF YES, WERE FINDINGS CON AUSES OF DEATH?	IZINEKEN IN CEKII	FYING	
		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1 2			f injury in Port 1 or Port 2, Ite	m 18.1		
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		h Day Year						
	MED			19 E, FARM, STREET, FACTORY.\\ 2	1f. LOCATION Street or R.I	F.D. No.	City or Tawn	County	State	
		While Nat while at wark	OFFICE	BUILDING, ETC.				,		
		22a certify that (1) (this	haspital) attended	the deceased fran	4-76-	19 69, to	5-14 , 196	9 , that (1)	(we) last	
		saw the deceased aliv	e an	1969	, and that in (my) (ou	r) opinian de	ath accurred an the date	and haur and	d fram the	
		causes stated abave, (i) (we) (did) (did no	at) view the bady a	iter death.					
		22b SIGNATURE	7 100	Tu Ju	DEGREE PHYS	MED.	STAFF -	TE SIGNED	10	
		22d PHYSICIAN'S	. Agr	uno, VV	DEGREE PHYS. L. 22e. ADDRESS	DIRECTOR	PHYS.	-14-	69	
		NAME (Type) FAUST	0 01.	AR WING		TO C	COUNTY &	SEN.	HOSP.	
	230	BURIAL, CREMATION, 23b. DA		23c. NAME OF CEMETER			OCATION (City or Tawn)			
	230.	DEMOVAL (Speciful)			ANSHE VESHE		SEDALE. MARYLA		(State)	
	24.	FUNERAL DIRECTOR		ADDRESS						
1		OL LEVINSON & BR	OS. INC. 6	010 REISTE	RSTOWN RU	REC'D BY REGISTR	1969	2 Jung	See .	

4122

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death.



ADDRESS

Leonard J Ruck Inc. Baltimore, Maryland

O FUNERAL DIRECTOR: After this certificate has been director, page 3

24. FUNERAL DIRECTOR

2Sa. REC'D BY REGISTRAR DATUN 2 1969

25b. REGISTRAR'S SIGNATURE arlinelas Judge

06701

12b. KIND OF BUSINESS OR

Last

Stote

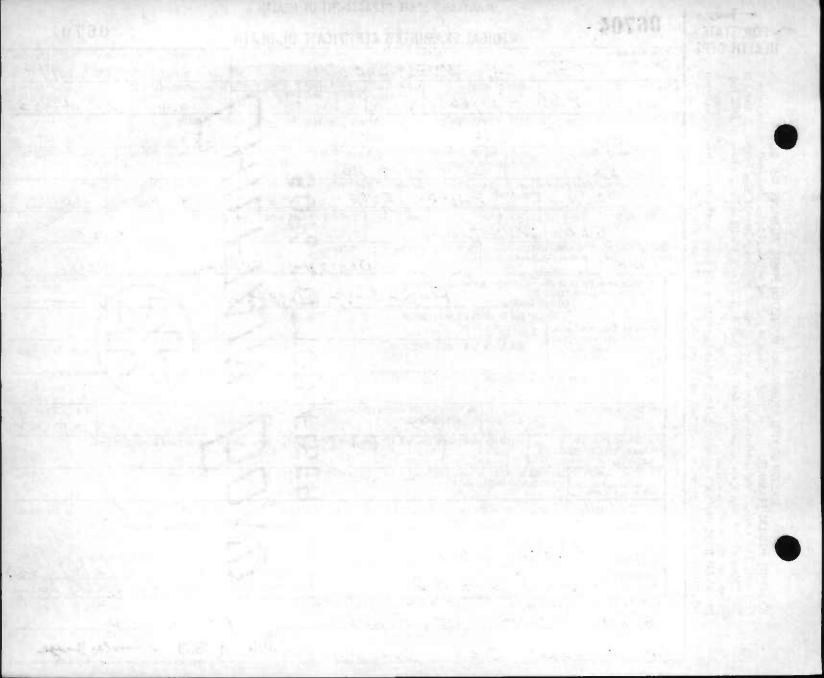
(State)

INDUSTRY

2b. HOUR

IF UNDER 24 HRS

TOTAL STREET STREET STREET SOLEMEN the the Share a name of his --- 12 Substitute service for an object to remove



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Type April NATEL JEROME WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00703		C	ERTIF	ICATE OF DEATH			0	670.	3
S. DAIE OF BIRTH S. DAIE OF BIRTH S. DAIE OF BIRTH S. ALL COMPANY S. DAIE OF BIRTH S. DAIE OF BI	1. DECEASED NAME (Type of print)					2a. DATE (OF DEATH	Day	Year	2b. HOUR
TOWN OF DEATH TOWN OF TWE OF			KKKKKKKKK				MAY	17,	1969	1 p.
TO CHILEN OF WHAT COUNTRY? WIS AS A CONSCOURCE OF COUNTY OF DEATH JOS OF DEATH TO STON 1 SO USUAL RESIDENCE (Where decreased lived, if institution Residence before last. CITY OR TOWN TO EATH TO STON 1 SO USUAL RESIDENCE (Where decreased lived, if institution Residence before last. CITY OR TOWN TO EATH TO STON 1 SO USUAL RESIDENCE (Where decreased lived, if institution Residence before last. CITY OR TOWN TO EATH TO STON 1 SO USUAL RESIDENCE (Where decreased lived, if institution Residence before last. CITY OR TOWN TO EATH TO STON 1 SO USUAL RESIDENCE (Where decreased lived, if institution Residence before last. CITY OR TOWN TO EATH TO STON 1 SO USUAL RESIDENCE (Where decreased lived, if institution Residence before last. CITY OR TOWN TO EATH TO STON 1 SO USUAL RESIDENCE (Where decreased lived, if institution Residence before last. CITY OR TOWN TO EATH TO STON 1 SO USUAL RESIDENCE (Where decreased lived, if institution Residence before last. CITY OR TOWN TO EATH TO STON 1 SO USUAL RESIDENCE (Where decreased lived, if institution Residence before last. CITY OR TOWN TO EATH TO STON 1 TO ST							6. AGE (In y	egrs I		IF UNDER 24 HRS.
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TO SON 1. ST. JOSEPH HOSPITAL MD. RACING COMMISS. CLERK 30 SUJUAR RESIDENCE (Where deceased lived, if institution. Residence belove list. CITY OR TOWN 136. SUTTIMORE 136. SUTTIMORE 136. SUTTIMORE 136. SUTTIMORE 136. SUTTIMORE 136. SUTTIMORE 137. MINIORE SUBJECT SUBJE	10. CITY OR TOWN OF DEATH	11. t	NAME OF HOSPITAL OR INST	IITUTION (I					12b. KIND OF	BUSINESS OR
135. MOTHER STAIND		S	T. JOSEPH I	HOSPI	TAL MD.				CLE	RK
Ide Lost JACOB B. ZIFF ANNA NESLONE Lost Lo	I3a. USUAL RESIDENCE (Where	deceased lived, if institu	tian: Residence before	13c. CITY	OR TOWN 13d. INSIDE CITY				73.77TV3 A	7 M A
Section Continuo Control Con						-			RIVE.A	PT.C
166. WAS DECEASED EVER IN U.S. ARMED FORCES? 169. DUTKNOWN] (1) fire give were defined service) 166. SOCIAL SECURITY NO. 17. INFORMANT MRS. REGINA A. ZIFF, 8306 NUNLEY DRIVE, APT. 180. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (d.) 181. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (d.) 182. PART I. DEATH WAS CAUSED BY. Massive intracerebral hemorrhage APPROXIMATE INTERVAL BETWEEN OWNST AND DEATH 182. CAUSE OF DEATH (Enter only one cause (a), storing the underlying cause of immediate cause (b). DUE TO, OR AS A CONSEQUENCE OF 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NOT CAUSES OF DEATH? 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NOT CAUSES OF DEATH? 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. LOCATION STORED OF THE TOTAL PARK 19b. CAUSES OF DEATH 19b. CAUSES OF DEATH 19b. CAUSES OF DEATH 19b. CAUSES OF DEATH							N	Middle		
Test Conditions Condition						INA			N	ESLONE
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (d.)) PART I. DEATH WAS CAUSED BY:	Yes, po or unknown) (If		16b. SUCIAL SECURITY N			7122			DOTUE	ADT
PART I. DEATH WAS CLUSE BY: MASSIVE INTRACEPEBRAL hemorrhage SETWEN ONSET AND DEATH					IKS. KEGINA A.	ZIFF	8300 N	UNLLY		
Immediate cause (a) Due To, or as a consequence of conditions, if ony, which gave its to immediate cause (a). Stoting the underlying couse lost.	18. CAUSE OF DEATH (E	nter anly one cause per l								
DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (Enter nature of injury in Part I (d) CAUSES OF DEATH? DO CAUSES OF DEATH OR TO	PART I. DEATH WAS	MANDIATE CAUSE (a)	, Massive i	ntra	cerebral hemon	rrhage				
Conditions, if ony, which gave this to immediate cause (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO CAUSES OF DEATH? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO CAUSES OF DEATH? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO CAUSES OF DEATH? 21d. INJURY OCCURRED CAUSE OF DEATH 19b. THOME, FARM, SIREET, FACTORY.) 19 21d. INJURY OCCURRED While Not while at wark at work of work of the deceased from 19b. Thome of the dec	4319		AS A CONSEQUENCE OF			4				
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While Not while at work 22a. I certify that (IF (this haspital) attended the deceased from 19 19 19 19 19 19 19 1	PART 2. OTHER SIGNIFICA	INT CONDITIONS CONTRIBI	UTING TO DEATH BUT NO	T RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIV	EN IN PART I(a)		
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While Not while at work 22a. I certify that (IF (this haspital) attended the deceased from 19 19 19 19 19 19 19 1	No.							36.7	No.	
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While Not while at work 22a. I certify that (IF (this haspital) attended the deceased from 19 19 19 19 19 19 19 1	HI L				YES 🗷 NO] CAUSI	ES OF DEATH?			
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22a. I certify that (IK (this haspital) attended the deceased from 5-17, 19 69, ta 5-17, 19 69, that (IK) (we) lass saw the deceased above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. 22c. ADDRESS NAME (Type) Reynaldo Or jula -Gomez, M.D. 22d. PHYSICIAN'S NAME (Type) Reynaldo Or jula -Gomez, M.D. 22d. DATE SIGNED MAY 17, 1969 MED. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DEGREE PHYS. 22c. DATE SIGNED MAY 17, 1969 MED. DIRECTOR PHYS. DIRECTOR PHYS. ADDRESS ADDRESS DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR MED. DIRECTOR PHYS. MAY 17, 1969 MED. MED. MAY 17, 1969 MAY 17, 1969 MED. MED. MED. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR MED. MED. MAY 17, 1969 MED. MED. MED. MED. MED. DIRECTOR MED. MED. MED. DIRECTOR MED. ME		21e. PLACE OF INJURY		ORY.) 21f.	LOCATION Street or R.F.D. No	a. Cit	y or Tawn		County	Stote
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24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	REMOVAL (Specify)									(Sidis)
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	SOL LEVINSON	& BROS 60	10 REISTERS	TOWN	ROAD NIV	7 1 100				0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, Peness, 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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